RL
l
37
v. 24
no. 12
c. 1
GERSTS

o. 290.—Vol. XXIV, No. 12.] [DECEMBER, 1912.

THE BRITISH JOURNAL OF DERMATOLOGY

CONTENTS.

PAGE

Notes on a Case of Nævo-Carcinoma (Melanotic) of the Scalp in a Boy aged Nineteen Years. CHARLES H. LILLEY, M.B., Ch.B.St. And. 411

Royal Society of Medicine—Dermatological Section.—Acne urticata (neurotic excoriations—one type)—Generalised macular pigmentation of trunk and extremities—Symmetrical painful patches on the inner aspect of each cheek—Case of Erythema multiforme of unusual type—Epitheliomatous growth—Case of acne agminata of Crocker—Extensive case of infective angioma—A sequel to Alopecia areata—Case for diagnosis—Discussion on Erythema multiforme 415

Current Literature.—Experimental and clinical studies in dermatomycosis.—Intra-venous quinine infusions in pemphigus.—Do soro-diagnostico da syfilis pela reacçao de Wassermann.—Novos estudos sobre a etiologia da syphilis maligna precoce.—Bouba e syphilis—relaçoes entre as duas treponemoses . 446

Quarterly Survey of Dermatological Literature . . . 449

Title and Index of Volume XXIV.

LIBRARY
JUL 26 2002
UNIVERSITY OF TORONTO

LONDON
H. K. LEWIS, 136, GOWER STREET, W.C.

PUBLISHED MONTHLY. PRICE TWO SHILLINGS.
ANNUAL SUBSCRIPTION, POST FREE, ONE GUINEA.

BRITISH JOURNAL OF DERMATOLOGY

J. H. SEQUEIRA, Editor.

J. L. BUNCH, Assistant Editor.

Under the direction of

H. G. Adamson
Wallace Beatty
S. E. Dore
T. Colcott Fox
Wilfrid Fox
W. Allan Jamieson
J. M. H. MacLeod
Sir Malcolm Morris
George Pernet
J. J. Pringle
Leslie Roberts
Arthur Whitfield

The Editor will be glad to receive for publication in the Journal original papers on subjects bearing on Dermatology, clinical records of unusual cases, observations on treatment, and notes on the histology and pathology of the skin.

All Correspondence respecting Contributions and other Editorial Communications should be addressed to the Editor, 8a, Manchester Square, W.

All Communications respecting Advertisements should be addressed to the Advertisement Manager, 8, Serle Street, Lincoln's Inn, W.C.

Exchanges, Books for Review, and all Business Correspondence to be addressed to the Publisher, H. K. Lewis, 136, Gower Street, W.C.

BRITISH JOURNAL OF DERMATOLOGY.

Annual Subscription, post free, One Guinea.

Subscriptions for 1913 are now payable. They may be paid through a Bookseller or sent direct to the Publisher.

Binding Cases for 1912 (Vol. XXIV) and for back Volumes can be supplied, price 1s. 6d. each.

H. K. LEWIS, 136, GOWER STREET, W.C.

GRAND PRIX, TURIN EXHIBITION, 1911.

We ask the favour that Physicians will prescribe

"Liquor Carbonis Detergens"

(*Registered Trade Mark*)

WRIGHT'S

The necessity for this request is made apparent in the "Chemist and Druggist," which says:

"The B.P. preparation (Liq. Picis Carbonis) is, it should be noted, MUCH BEHIND THE ORIGINAL and differs from it in composition, and therefore in efficacy. We call the attention of Dispensers to this point because it seems to be natural to suppose that when the B.P. imitates an article such as 'Liquor Carbonis Detergens' it is not immoral to substitute the official preparation for the proprietary one. This, of course, is absurd, because the compilers of the British Pharmacopœia have

NO MORE RIGHT TO INFRINGE

other people's proprietary rights than the man in the street."

50 YEARS' REPUTATION.

WRIGHT, LAYMAN & UMNEY, LTD.,

SOUTHWARK, LONDON, S.E.

Telegrams—"UMNEY, LONDON." Telephone—600 HOP 2 lines.

MERGAL (Cholate of Mercury)

Invaluable in the treatment of syphilis. It allows the administration of mercury in large doses. Absorption can be easily controlled by exact dosage.
DOSE :—Two capsules three times a day after meals, gradually increasing dose.
PRICE TO THE PROFESSION—2/6 per box of fifty capsules.

THE J. D. RIEDEL CO.
54 Cannon Street, London, E.C.

BERLIN :: NEW YORK :: MILAN ST. PETERSBURG

AN ANTISEPTIC TOILET AND NURSERY POWDER.

Specially Prepared with Boric Acid in a Finely Comminuted Form.

Awarded Silver Medal International Health Exhibition, London, 1884.

The Practitioner says: "Entirely deserves the excellent reputation it has gained."
The British Medical Journal says: "An improvement on the old-fashioned Violet Powder."
The Nurses' Journal reports: "We have tried it extensively and found it most useful."
The Queen.—"Fragrant, Soothing, Cleanly."

Useful in Cases of Enuresis and for Dusting on the Arm after Vaccination.

In Packets 6d. Boxes 1s.
Of all Chemists.

Examined and certified by the Incorporated Institute of Hygiene, 1911.

JAMES WOOLLEY, SONS & Co., Ltd., MANCHESTER.

"Pellanthum"

THE NEW BASIS FOR SKIN-MEDICAMENT (REG?)

A Water-Soluble, Protective, Skin Application

Successfully used in the treatment of

ECZEMA, PSORIASIS, LUPUS ERYTHEMATOSUS, ETC.

Practically a non-greasy ointment, drying rapidly and requiring no dressing or covering.

In addition to Plain "Pellanthum," which is suitably coloured to a **Skin Tint**, the following combinations are being extensively used:

"Pellanthum" SUPRARENALIN (for patches of Chronic Eczema).

"Pellanthum" Ichthyol 3%, 5%.
"Pellanthum" Ichthyol 5%, et Resorcin 2½%.
"Pellanthum" Acid. Salicylic 1%, 2%.
"Pellanthum" Carbonis Deterg., 10%, 15%.
"Pellanthum" Chrysarobin 3%.
"Pellanthum" Rusci 5%.

"Pellanthum" can be combined with all the ordinary Skin Medicaments. It is issued in collapsible tubes at 1/6, 2/6 and 4/-, and may be obtained through all wholesale firms or from the Manufacturers—

HANDFORD & DAWSON, Chemists, HARROGATE.

THE BRITISH
JOURNAL OF DERMATOLOGY.
DECEMBER, 1912.

NOTES ON A CASE OF NÆVO-CARCINOMA (MELANOTIC) OF THE SCALP IN A BOY AGED NINETEEN YEARS.

By CHARLES H. LILLEY, M.B., Ch.B.St. And.,
Late Senior House-Surgeon, Royal Hospital, Exeter.

William P— was admitted into the Royal Devon and Exeter Hospital, Exeter, on March 21st, 1912. He sought advice on account of a tumour of the scalp, which he had had since five years of age, beginning to grow much more rapidly than in previous years.

History of the case.—This was obtained from the patient's mother as it dates back to the day of his birth.

When born the patient's mother noticed that he had a "dark place" on the left side of his head. His head was quite smooth and remained so until about his fifth year, when, to use the mother's own expression, "it broke out" over and around the dark area spoken of—doubtless a pigmented mole.

The presence of this pigmented mole was, as is frequently the case, attributed to a maternal impression, in this case a fright from a dog springing upon the mother.

A photograph of the patient, taken in babyhood, and which the mother brought up to hospital for my inspection, showed a very definite dark shadow (compared with the rest of the head) over the left parietal region. After the patient's fifth birthday the growth steadily increased in size up to the age of fourteen, when it had covered the greater part of the left side of the head.

Living, as they did, in a somewhat isolated country district in Devon,

the parents do not appear to have brought the condition to the notice of a doctor.

After the patient had reached fourteen years of age the condition of the growth became stationary until a few months prior to admission, when the growth rapidly spread over the left temple almost as far as the external canthus of the left eye, downwards at the left side to the ear, posteriorly to below the occipital protuberance, and laterally of the right side to the middle of the right parietal bone.

Condition on admission.—The scalp to more than one half of its total area was covered with a peculiar-looking, firm, tuberose growth of a somewhat bronzed colour, and raised about ¾ in. above the normal scalp surface. Its extent was as noted above.

The tumour was hairless at the spreading margin anteriorly, but posteriorly in particular, and to some extent laterally, tufts of hair could be seen coming up between fissures which existed in the tumour. These fissures separated the various nodules of which the tumour mass was composed, which rather points to their being nodules which have developed secondarily to a primary single growth.

When the head was shaved, etc., prior to operation, the condition was like a large number of narrow cerebral convolutions irregularly arranged. There were no enlargement of the glands, occipital, mastoid, etc., nor could any metastases be discovered.

Operation.—In view of the fact that the condition was spreading rapidly it was decided to operate and to remove the whole mass, and this was successfully carried out a few days after admission, the tissues right down to the pericranium being removed. Hæmorrhage was readily controlled, and where ligatures could not be applied pressure-forceps were left attached for thirty-six hours. The large bare area left was dressed with strips of green protective and above this sterile gauze.

Progress.—The case took an aseptic course and was without complications of any kind. At the end of a fortnight the previously bare area was covered over with fine red granulation-tissue. Grafts were subsequently applied, and after the lapse of several weeks (the skin breaking down at places) a complete covering of sound skin was obtained.

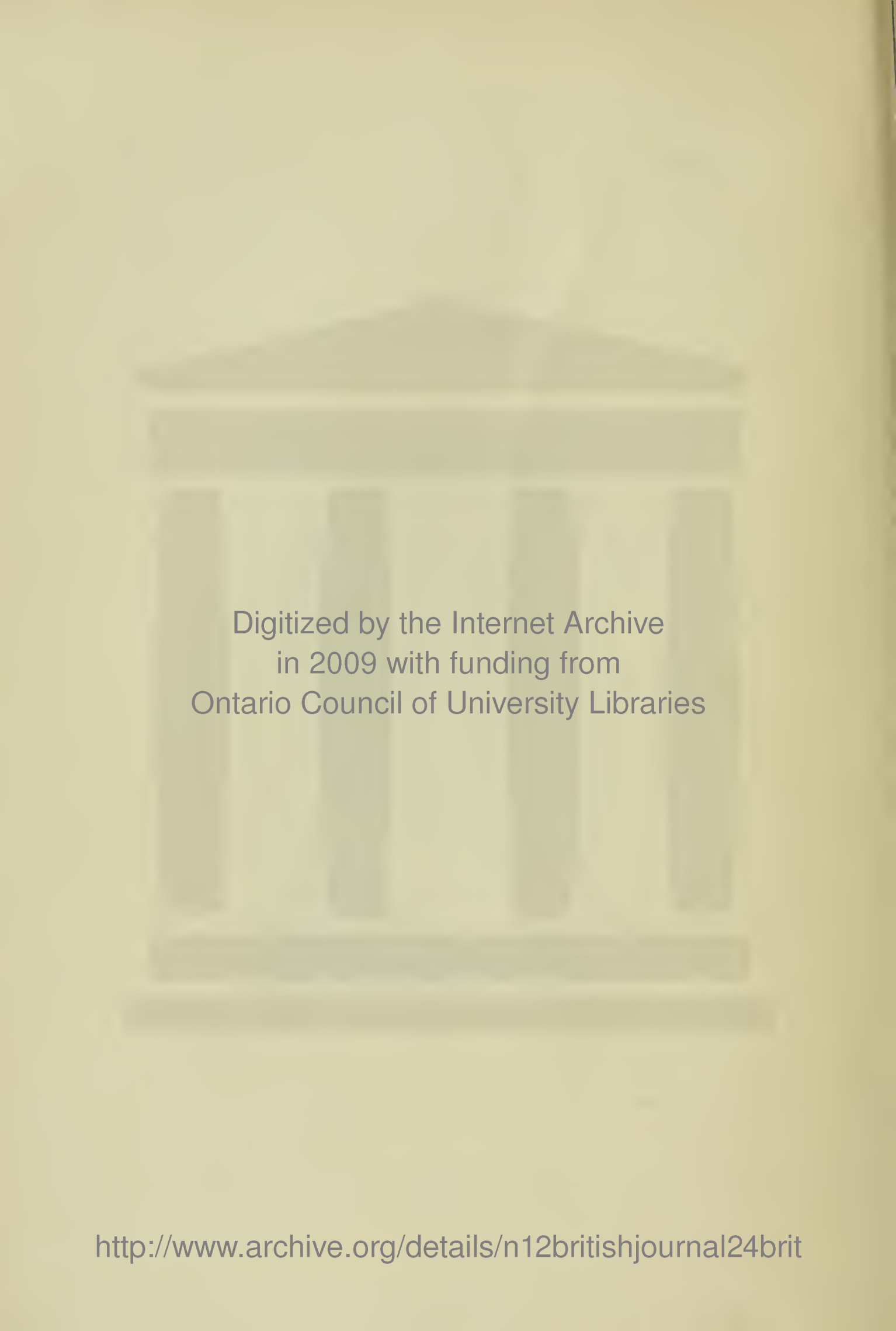
Diagnosis.—The pathological report was to the effect that the tumour

was a pigmented nævo-carcinoma. The tumour had indefinite limits and was spindle-celled, many of these cells being pigmented.

The medical man who has recently been in charge of the case reports that there is no sign of recurrence, no glandular enlargement and no metastases.

The age of the patient (nineteen), the long history, and the absence of glandular enlargements and metastases are rather unusual clinical features.

To illustrate Dr. Lilley's case.


Digitized by the Internet Archive
in 2009 with funding from
Ontario Council of University Libraries

http://www.archive.org/details/n12britishjournal24brit

ROYAL SOCIETY OF MEDICINE.

DERMATOLOGICAL SECTION.

Meeting held on Thursday, November 21st, 1912, Sir Malcolm Morris, K.C.V.O., in the Chair.

Dr. H. G. Adamson showed a case of *Acne urticata* (*neurotic excoriations*—one type). The patient was a married lady, aged 44 years. The skin-trouble had begun eight years ago during a confinement. There was now, over the lower jaw and adjacent parts of the neck upon each side of the face, a group of closely set, dead white, oval scars of about the size of a split-pea. There were about thirty or forty scars on each side. Each scar had its long axis in the direction of the long axis of the jaw. The scars were not atrophic—that is to say, there was no feeling of loss of tissue as in an atrophic scar. Each scar was surrounded by a zone of pigmentation, so that the affected areas appeared as a network of pigmentation with dead white meshes. There were a few scattered scars below and behind the ears. In addition to the scars there were two or three crusted excoriations, and the patient stated that there appeared every few days one or more small (pin-head-sized), red, not raised, itchy spots; that the itching was so intense that she could not refrain from scratching the spots or rubbing them with a towel, and that then there appeared a bleeding patch, upon which there formed a crust, and that the fall of the crust was followed by a scar. The patient was apparently in good health. She said she was nervous and easily upset by little worries. The palate was less sensitive than normal, but not anæsthetic. There had been no confinement since eight years ago.

The exhibitor regarded the case as one of Acne urticata or neurotic excoriations of the "dug-out" type of Colcott Fox.

Neurotic excoriations were seen in two forms: The neurotic excoriations of hysterical girls, in which there occurred long oval excoriations produced by rubbing with the tip of the finger; in this class of case the patient always denied that she produced the lesions. The second class were patients of nervous temperament, but not hysterical, who admitted that they rubbed or scratched the skin on

account of the intense itching of a small spot or papule. The patient now shown belonged to this second group.

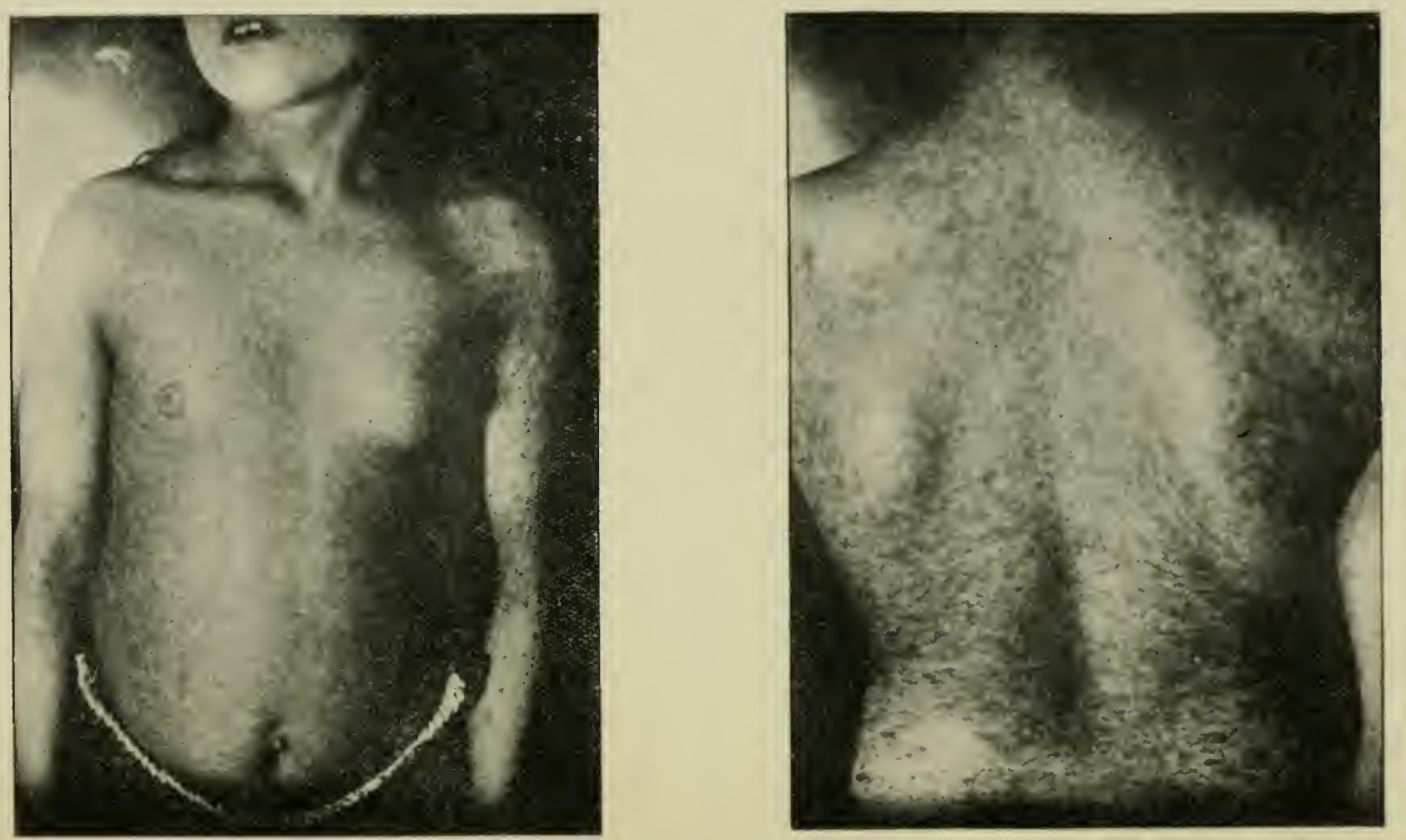
The PRESIDENT said it would be interesting to see whether there would be any scars in a patient who did not scratch or irritate the area concerned. In one or two strong-minded people who had abstained from scratching the lesions were very indolent.

Dr. MACLEOD said that he had recently seen a somewhat similar case in a neurotic girl, aged 16 years, in which the lesions were present on the legs, arms and face. They consisted of dug-out excoriations which she confessed to have done with her finger-nails for the relief of intolerable itching. There were no definite papules present, nor could any history of such be obtained either from the girl herself or from her mother; but the itching seemed to be localised to individual spots, possibly in some cases about hair-follicles, and was only relieved when the skin was excoriated. He also referred to another case in a young woman of twenty, in which the face was affected with similar excoriations. In this case there were some inflammatory papules present and the itching seemed to be localised in them.

Dr. PRINGLE agreed with Dr. Adamson in regarding the condition as what is generally called *Acne urticans*, and he believed Kaposi would have done so too. But the name was an unfortunate one, as the lesions were not really acneiform. He believed he *had* repeatedly verified the existence of deep-seated nodules preceding the scratch-marks seen later. It was a class of case which was very obstinate, and was often misunderstood. His cases had almost, if not all, been in youngish women, but many of them were highly intelligent and presented no signs of hysteria.

Dr. DORE showed (1) a woman, aged 41 years, who presented accurately symmetrical, oval or circular, eczema-like patches on the lateral surfaces of the neck, on the front of the chest, in the axillæ, flexures of the arms, groins, popliteal spaces, and on the soles of the feet. There was also a linear patch on the right shin. The lesions were of a bright pink or vermillion colour when seen by daylight, and had clearly defined margins. There was slight thickening of the skin in some of the patches, and no exudation or scaling. The duration of the complaint was three months, and had resisted all kinds of local treatment. It was accompanied by intense itching, which was said by the patient to precede the eruption. The distribution of the lesions was similar to that of flexural eczema, but some of the features of the case suggested the possibility of an "artefact" dermatitis.

(2) A woman, aged 49 years, who had suffered for about two months from an eruption of small oval or circular patches on the back and



TO ILLUSTRATE DR. FREEMAN'S CASE OF GENERALISED MACULAR PIGMENTATION OF TRUNK AND EXTREMITIES.

extensor surfaces of the limbs. The lesions consisted of minute rounded, shiny, closely aggregated follicular papules of a pale red to crimson colour. There was also slight general prominence of the follicles on the extensor surfaces of the body. Some of the patches, as on the shins, were circular or irregular in shape, and the papules were less closely aggregated and of a darker colour. The duration of the eruption was from six to eight weeks. It was attended by intense itching of a paroxysmal character. The case was thought by the exhibitor to be an example of Lichen simplex (Vidal) or diffuse névrodermite (Brocq).

The PRESIDENT said it was very difficult to give the condition the correct name and many names had been applied to it. There should be some uniformity of nomenclature for these conditions, which were quite common.

Dr. MACLEOD showed for Dr. FREEMAN a case of *generalised macular pigmentation of trunk and extremities*. The following are Dr. Freeman's notes of the case: The patient was a well-developed girl, aged 12 years. She was brought to the Skin-Department of the Royal Berkshire Hospital on Tuesday, October 22nd, and was sent for diagnosis. The chest, abdomen, and back, and both limbs were covered with a darkly pigmented macular rash, the macules accounting for about 50 per cent. of the total skin surface, and the remaining area showing a shade of lightish fawn colour. The face was affected to a much less degree. At the examination this mere child was found to be four months pregnant.

In December, 1909, and January, 1910, this child and her brother were under treatment at the hospital for psoriasis. The psoriasis cleared up then very quickly, and she was discharged cured on January 15th, 1910. The treatment included moderate doses of arsenic.

In August of this year, when probably she was about one month pregnant, she was treated for anæmia by her doctor at home, and the treatment included for about four weeks small doses of liq. arsenicalis.

It has to be noted that the arsenic given in 1909–10, up to ɱv liq. arsenicalis, helped in the cure of the psoriasis, but without producing any after-effects. For this reason Dr. Freeman formed the opinion that the present rash, although probably accentuated by the administration of the arsenic in August, would not have appeared had it not

been for the uterine condition. He therefore regarded it as a case of chloasma uterinum, an anomalous case, not unlikely modified by the giving of small doses of arsenic in the early stages of pregnancy in such a very youthful patient.

Dr. Gray showed a patient, a female, aged 29 years, who eighteen months ago developed *symmetrical painful patches on the inner aspect of each cheek*. These were subsequently followed by more or less symmetrical patches on the abdomen and lower part of the chest. The appearance of the patches was preceded by intense burning, followed later by itching. The lesions themselves were blisters, varying in size from a lentil to a bean, and tended to be grouped and surrounded in most cases by an erythematous area.

The exhibitor considered the case to be one of "Dermatitis hepetiformis," but seemed to him to resemble cases described by Kaposi as "Zoster atypicus et hystericus," though no evidence of self-production was forthcoming.

Dr. Pringle said he believed that almost all cases described as bilateral or otherwise atypical cases of herpes were nothing more than Dermatitis herpetiformis.

Dr. Graham Little showed (1) a *case of Erythema multiforme of unusual type*. The patient was a lady, aged 34 years, now a few months pregnant. She had had the disease, with short intervals only of freedom, for seven to eight years. She had been sent to the exhibitor by Dr. Harold Clapham, of Peterborough, who kindly gave the following history. He had seen the case at its inception; the lesions were then frequently large blisters, which appeared especially in the spring and autumn, and occupied the joints of the arms and legs and the mucous membranes. The diagnosis of Dermatitis herpetiformis was made, and the eruption invariably cleared up rapidly with arsenic. Two years ago the same kind of lesions appeared on the chest as well; these also cleared up with arsenic.

The patient had had several miscarriages in earlier married life, and had not had living children during the past eight years.

The lesions when shown were large, limpet-shaped, erythematous and, in some places, vesicating patches, chiefly about the elbow, forearm, and neck. They were itchy, and latterly the patches had been more persistent.

In view of the earlier diagnosis, it was interesting to note that the lesions as now seen strongly resembled the plate of a rare skin-eruption figured in the *St. Louis Atlas* (Plate 10) as "Dermatitis herpetiformis en cocarde," and so described by Hallopeau. This was possibly in reality an Erythema multiforme.

(2) A patient, kindly sent by Dr. Clarke, of Horley, with an *epitheliomatous growth* on the outer margin of the right foot near the sole in a woman, aged 70 years. The tumour had commenced about eighteen months ago with a small "pimple," which had steadily grown larger. When shown she had a circular erosion of the horny layer about the size of half-a-crown, the whole centre of which was filled up by a red, non-ulcerative excrescence, moderately hard, not bleeding very readily on contact, and raised half an inch above the level of the skin. No glands could be felt in the groin or popliteal space. The duration of the swelling and the absence of glandular enlargement suggested the diagnosis of epithelioma of the rodent type. The diagnosis of Epithelioma was questioned by several members at the meeting, but since then a portion of the central mass of the tumour had been examined by Dr. E. H. Kettle, late Pathologist at the Cancer Hospital, and now at St. Mary's Hospital, who reports that the tumour is definitely epitheliomatous.

Dr. GALLOWAY said that judging by the appearance of the sore on the heel he thought the diagnosis rested between a granulomatous tumour due to some chronic septic infection or a malignant growth. He wished to mention the case of a patient in whom a very remarkable development of carcinoma of the skin of the right leg and thigh had commenced with a sore closely resembling the one now demonstrated by Dr. Little. The patient was a woman, now aged about 55 years. Seven or eight years ago she had consulted her doctor on account of a button-like mass, resembling granulation-tissue, on the heel. The doctor, thinking that the ulcer was of pyogenic origin, cleansed it and removed the excess of tissue. The ulcer, however, did not heal properly and a fungating mass once more grew. Dr. Galloway had seen the patient within the last few weeks, nearly eight years after these events had happened. The right foot, leg and thigh were now deformed by large nodular masses of new growth, so that scarcely any normal skin remained. These nodular, rounded masses, variously discoloured of a pink or purple tint, in some cases projected from the original surface to the extent of two or three inches. The whole lower extremity was therefore greatly increased in size, and could be moved only with much difficulty. Very little ulceration, however, had occurred, even where the tumours formed the largest projecting masses, with the exception of the original sore, already mentioned, on the heel. The patient was ill, but not to an extent at all corresponding to the exceedingly dangerous aspect of the local growth. One of the glandular masses

had been removed by his recommendation and he had made histological examination. The tumours consisted of large masses of an epithelial growth, very regular in the distribution of its epithelial elements, resembling an adenocarcinoma, such as was more familiar in the case of an organ like the liver. Though the gland-like masses of epithelium were large and in enormous quantity, very little degeneration of the growth was taking place. The tumour could be compared to a gigantic exaggeration of the type of growth seen in true rodent ulcer. The glands in the right groin were now becoming enlarged, but there was no distinct evidence up to the time when Dr. Galloway had seen this patient of visceral infection in the abdomen or thorax. He would like to mention to Dr. Little that the patient now before the Society suggested to him the early stages of the malady which he had seen in an advanced state in the patient described. The most remarkable features were the extensive and massive characters of the growths, their long duration, and the comparatively small interference with the general health of the patient.

Dr. Whitfield considered that, in the absence of a histological diagnosis, one was not justified in saying it was rodent ulcer, nor indeed in thinking it was malignant; because, as far as the finger could determine, there was no spread of the tumour beneath the horny margin outside; and the red material inside was soft. With regard to the case mentioned by Dr. Galloway, there was one with a similar history at London Hospital years ago, sections of which were shown to him by Dr. Bulloch. It came from the dorsum of the foot, and was a typical sebaceous gland carcinoma, with foam-like cells in it. The secondary nodule was an awful muddle. It was carcinoma, but of such appearance that it might have come from any part of the body.

Dr. A. Eddowes said he considered this case to be one of Erythema exudativum multiforme. He had seen some such cases last a short time, some come and go, and others in which the condition never thoroughly disappeared.

Dr. MacCormac showed a *case of acne agminata of Crocker*. The patient was a man, aged 42 years, and there was nothing in the history except that during the last few months a brother had developed tuberculosis. A section was shown exhibiting typical giant-cells, epithelioid cells and other structures of tuberculosis. Inoculations into an animal had not been done. The papules were confined to the face, and had only recently shown necrosis with scarring.

Dr. Pringle agreed with Dr. MacCormac's diagnosis and thought his microscopical sections quite convincing as to the tuberculous nature of the disease. Indeed, he could not but think that the demonstration of tubercle bacilli must be near at hand despite the negative findings of the exhibitor, of Dr. Galloway, and of a considerable number of previous investigators. He hoped that inoculations in animals as well as the usual clinical tests for tubercle would be carried out. Dr. Pringle was glad that the exhibitor had inserted the qualifying word "so-called" in his notice of the case announced as one of "Acne agminata." This name, first used by Radcliffe-Crocker, was that by which the disease was

most commonly known to British dermatologists, and, as such, had served its purpose of establishing the disease as a clinical entity. He had always considered it an extremely unfortunate name, as the lesions presented only the faintest superficial resemblance to acne, and only implicated sebaceous and sweat-glands incidentally. Nor was their arrangement necessarily or even prominently always "agminate." The French appellation of "acnitis" was barbarous, and, he believed, had generally been discarded in favour of *Tuberculide hypodermique à type nodulaire* (Darier); but Tilbury Fox's original name of Lupus disseminatus was equally close to the mark and less cumbersome. As to differential diagnosis, mistakes might be made with colloid disease—an example of which the speaker happened to have under his present observation—in which no spontaneous evolution of the nodules with pitting results. A condition pretty frequently mistaken, in the speaker's experience, for the tuberculide under discussion was that which he described some years ago as "a peculiar seborrhoide," severe cases of which were remarkably like it; and the resemblance was increased by the shallow pitting which results from the absorption of the seborrhaide. This was, however, only temporary, and the result of treatment soon and invariably clears up all difficulty of diagnosis. The question of treatment was of great importance, and had hitherto, he believed, been unsatisfactorily solved. Piece-meal methods by *râclage*, etc., were slow and unsatisfactory; the little granulomatous nodules were obviously of low vitality, with so marked a tendency in this, as in many cases, to spontaneous disappearance that the suitability of X-rays had suggested itself to his mind as likely to effect good results with the minimum possible of scarring.

Dr. PERNET considered that this was an instance of Radcliffe-Crocker's Acne agminata. In a case which he, the speaker, examined histologically he found the sweat-glands disorganised by leucocytic infiltration. Some of the hair-follicles were partially involved and there was peri-vascular infiltration. No tubercle bacilli were found. There was no so-called tubercular architecture. As to the nodule examined by Dr. Galloway and referred to by Dr. Pringle, that was another case altogether, as a reference to Radcliffe-Crocker's third edition will show.* In two cases of Acne agminata under Dr. Pernet's observation there was a history of excessive sweating. In Dr. McCormac's case the man's work led to sweating too.

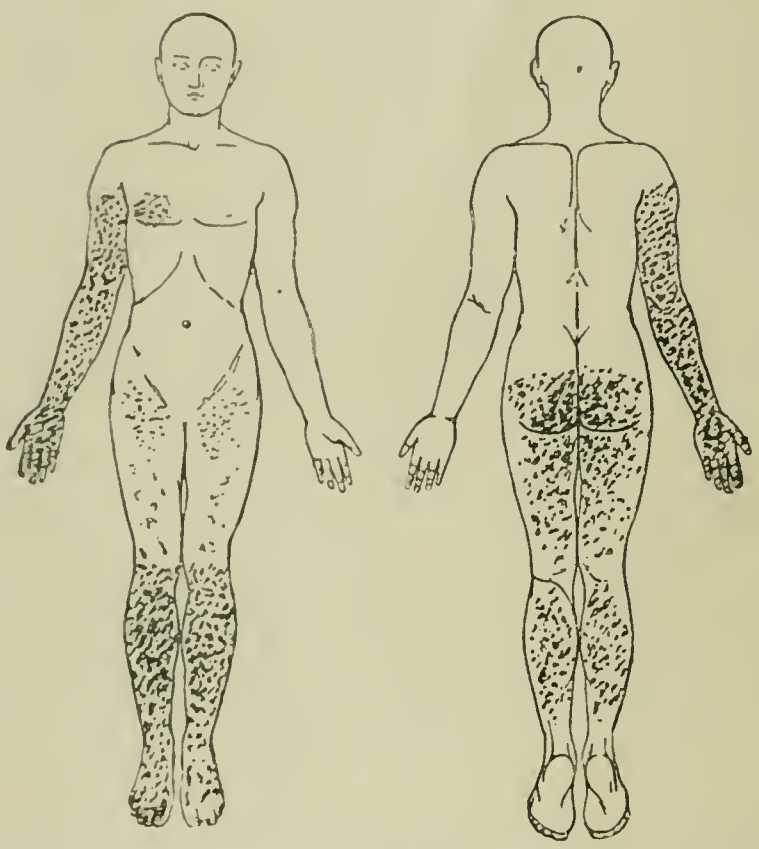
Dr. DOUGLAS HEATH said he had a case in a man of about the same age, in whom the grouping of nodules on the face was, as Crocker described it originally, particularly marked in the eyelids, and the nodules had a typical tubercular architecture, but he had been unable to recover tubercle bacilli from them. He had portions of the material injected into a guinea pig, but without result. Therefore he could not say, from his own experience, whether the lesions were tuberculous or not.

Dr. WHITFIELD urged that one should be careful about making a diagnosis of tuberculosis, even where there was the most typical tubercular architecture. He called attention to a recent exhaustive treatment of the subject in an article by Schamberg, of Philadelphia, who examined the cases bacteriologically, and injected them with tuberculin. In most of the cases the reaction to tuberculin was negative.

* Radcliffe-Crocker, *Diseases of the Skin*, third edition, 1903, vol. ii, p. 1097.

If one cut a number of sections of the skin of the acneiform type, it was extraordinary how one got epithelioid cells and giant-cells surrounding a central area of necrosis, which latter, however, was not typical. And Gilchrist, a man with great experience had shown many photographs of acne packed with what looked like tubercular giant-cells. Therefore he did not think that, in the absence of experimentation, one was justified in saying a case was a tuberculide. He quite agreed that the name Acne agminata must be given up now; he was assuming it was the same thing as acnitis of the face.

Sir Malcolm Morris and Dr. Dore showed an *extensive case of*



Distribution of the eruption in Sir Malcolm Morris and Dr. Dore's case.

infective angioma (Hutchinson). The patient was a healthy looking girl, aged 24 years. Her parents and brother were healthy and there was no history of any skin-disease. An uncle on the mother's side, however, had been troubled with a "bad circulation."

Recently the patient had complained of aching of the right arm and of general fatigue and morning faintness. She occasionally experienced a feeling of numbness of the head in cold weather and never felt so well in winter. There was no morbus cordis.

The disease began on the right arm at the age of two years and

had continued to spread slowly since that time. During the past three years it had spread more rapidly especially on the front of the thighs.

The lesions were distributed over the right hand and arm, terminating at the axilla, on the right breast around the nipple, on both buttocks and anterior and posterior surfaces of the upper parts of the thighs and on both legs and feet.

The skin showed a red or purple mottling with minute telangiectatic

"Mottling" in Sir M. Morris and Dr. Dore's case.

"cayenne pepper" points. The right hand was œdematous and deeply cyanosed and the feet were blue. She also suffered from chilblains of the feet. The patient stated that the patches became paler or disappeared when she was in a hot bath, but became blue afterwards. They were also made paler by pressure but did not completely disappear except for the greater extent of the lesions; the case appeared to be in every way similar to the one shown by Dr. Sequeira, and published in the *British Journal of Dermatology* for October, 1912.

Dr. SEQUEIRA said there was a later note in connection with Sir Jonathan Hutchinson's case. The patient was now a married woman, and she still had the eruption, in which there had been very little alteration since.

The PRESIDENT replied that he believed there were no particular subjective symptoms in Sir Jonathan Hutchinson's case, but the present patient complained of pain in the arm, and there were symmetrical vaso-motor disturbances, so that

after taking a hot bath the area became blue. On pressure it almost disappeared leaving only bright points. This was the most extensive case he had seen, it was on both legs and buttocks and the posterior parts of the thighs. In the early morning she had feelings of lassitude and depression. The heart and sensation were normal, but she felt worse in cold weather.

Dr. SEQUEIRA showed a case illustrating *a sequel to Alopecia areata*. The patient, an anæmic girl, aged 18 years, first attended the London Hospital in January, 1911. She was then suffering from alopecia of the whole scalp and eyebrows. The affection had started as an Alopecia areata in several round areas which rapidly coalesced. Beyond the anæmia there was no evidence of general ill-health. The teeth were good and there was no dyspepsia. The patient was hypermetropic and had suffered from headaches, but the vision had been corrected by appropriate glasses and the headaches had ceased. Under gentle stimulation with a lotion containing Oleum myristicæ in olive oil (1 in 4) and a course of iron and arsenic, the hair returned. On January 11th, 1912, the condition was as represented in the accompanying photograph. The appearance was remarkable, the hair had grown to a fair length, but there were extensive areas of leucotrichia. This condition persisted until July last, when a great improvement in the colour of the hair was noticed. When shown at the meeting the hair

was good length and of normal colour, except for a few white hairs here and there. The patient was positive that very little of the white hair fell out, and the growth was so abundant that this seemed certain, and, moreover, she has been under the exhibitor's observation once a month throughout. It appeared that, in this case, the white hairs had become pigmented after growth. During the past year the only treatment has been by tonics internally.

Dr. DORE said that until recently he had been under the impression that the white hair which grew after Alopecia areata fell before the dark hair appeared.

But he had a case not long ago in which the gradual extension of the pigmentation from the root to the distal end of the hair could be clearly observed.

Dr. WHITFIELD said that after the use of X-rays it was common for the hair to be fair and fine. It then darkened again. If such a case were seen eight or nine months afterwards, silky ends could be seen to coarse hairs. As the hair grew in strength it gained in pigment, but this case was interesting, as one must conclude from the dates that pigment had run down the hair.

Dr. WINKELREID WILLIAMS showed a *case for diagnosis*. The patient, a woman, aged 32 years, an artist, sometimes had Raynaud's signs in her fingers, but has never had chilblains on hands. There was no history of rheumatism, of "growing pains," or anything of the kind; neither could anything be found in her occupation to account for it. Both hands were now affected with the lesions. There is a family history of gout on her mother's side. The affection began two years

ago on the knuckles of the right little finger; six months later the other fingers of the right hand were similarly attacked. Left index finger developed same condition twelve months ago and successively the other fingers became affected; the little finger developed the condition four weeks ago. The condition is progressing, being more marked in the first finger affected. The affection consists of a soft growth in the corium and subcutaneous tissue, which stands out as prominent pads over the knuckles, but which, when pressed between the fingers, gives very little resistance and feels more like a bursa than anything else. There is no evident enlargement of the bones, no creaking nor tenderness in the joints. The toes are not affected.

Dr. F. Parkes Weber remarked that in the *Quarterly Journal of Medicine*, published at Oxford, Dr. W. Hale White called these thickenings over the knuckles simply "pads on the finger-joints"; he omitted the qualification "gouty." He gave the results of microscopic examination.*

Dr. Whitfield pointed out that Dr. Garrod had named the condition "gouty pads."

Note.—Dr. Aldo Castellani's paper on "Further Researches on Trychomicosis flava rubra et nigra of the Axillary Regions" and Dr. Stanley Hirst's report on "The Mite causing the Copra Itch" are unavoidably held over through want of space. They will be published with illustrations in the January issue.

* See Hale White, *Quart. Journ. Med.*, Oxford, 1908, vol. i, p. 479.

DISCUSSION ON ERYTHEMA MULTIFORME.

At an Evening Meeting of the Section on Thursday, November 21st, 1912, Sir Malcolm Morris, K.C.V.O., in the Chair.

Dr. H. G. Adamson introduced this debate by reading the following paper:

The subject selected for discussion this evening is Erythema multiforme.

The term "Erythema multiforme" has probably for some of us a wider meaning than it has for others. The point of view I shall take is that it indicates a very definite and distinct affection possibly due to some one specific cause.

Erythema exudativum multiforme was first described by Hebra in 1876 by the name it now bears. Under the term "polymorphous erythemata" Hebra grouped together several diseases, all of which were characterised by erythematous eruptions with exudation of serum into the skin. This group of "polymorphous erythemas" included (*a*) Erythema exudativum multiforme, (*b*) Erythema nodosum, (*c*) Roseola exudativa, and (*d*) Urticaria. It should be noted that although he grouped these affections under the one name polymorphous erythema, Hebra regarded them as ætiologically distinct diseases and brought them together according to his general plan of classification, because they were eruptions having a similar pathological basis, namely erythema with exudation. I mention this point because some confusion has arisen owing to the fact that many writers have failed to maintain the distinction between these eruptions, and have discussed their ætiology as though they were one disease—polymorphous erythema.

It is to the merit of Hebra to have recognised the affection he named Erythema multiforme as a distinct malady, and to have rescued it from the confused mass of erythemas then described. Hebra's description is classical, and has served as the model for all subsequent descriptions.

As one of the most striking characters of the eruption, Hebra mentions its peculiar *distribution* upon the extremities. "In every instance," he says, "it is present on the dorsal surfaces of the hands or feet. In the more severe cases, but only in these, it may be

observed on the forearms and legs, on the arms and thighs, and even on the trunk and face. It is, however, only in very exceptional instances that it affects the regions last mentioned, and when it is found on them it invariably exists also on the backs of the patient's hands, where, indeed, this cutaneous disease generally first appears."

"*The efflorescence,*" he states, "consists of flattened papules or tubercules, of a dark blue or a brownish-red colour, between lentils and beans in size. Their number varies in different cases." He then describes how in slight cases the lesions rapidly fade, leaving a little pigmentation, while in other cases they spread into rings (Erythema annulare), or into concentric rings (Erythema iris), or form gyrate and marginate figures by expansion and blending of the rings (Erythema gyratum seu marginatum). He insists that all these forms, papular, annular, gyrate, marginate, iris, previously described as distinct eruptions, are really phases of the same affection. Hebra also describes the vesicular or bullous form of this eruption, which he identifies with Herpes iris of previous writers. As regard *subjective symptoms,* Hebra says that these are trifling: "some patients complain of slight burning sensation, others of slight itching" or a feeling of tenseness when the papules are closely approximated.

"Concomitant and febrile symptoms are to be observed only in exceptional cases, in those cases, namely, in which the affection spreads over large tracts of the surface, or even over the whole skin. No important complications, or sequelæ, occur in the train of this eruption. Its whole duration varies between one and four weeks." Once only Hebra observed the Erythema papulatum accompany a pneumonia of which the patient died.

The *liability of the eruption to relapse* and its tendency to occur during the months of April and May, and October and November, are mentioned, as also that there are persons in whom such an erythema breaks out during many successive years in the course of the same month.

This account of the disease as given by Hebra accurately describes, as far as it goes, the very great majority of cases of Erythema multiforme. But, curiously enough, Hebra did not mention the now well-known fact that these eruptions are sometimes associated with joint pains, and, even though exceptionally, with effusion in and around the joints. And to complete the description a few other

features must be recalled. It has been noticed that in a small proportion of cases the mucous membranes of the mouth are affected, and, still less often, the conjunctivæ. Bronchial catarrh and diarrhœa have also been observed, as also abdominal colic, symptoms which are thought to indicate that the intestinal canal may be the seat of lesions similar to those seen upon the skin. That this eruption is of somewhat frequent occurrence may be gathered from some figures which I have from the out-patient department at St. Bartholomew's Hospital. In 1910 there were 21 cases among 3700 patients with skin-disease; in 1911, 17 cases among 4000, *i. e.* roughly 5 per cent.

The features of these cases are usually so striking and so characteristic that a diagnosis is easily made.

Looked at from this point of view the affection would not appear to be a very important one, and although, like many minor skin diseases, it presents features of interest in regard to its nature and causation, it might not be considered a sufficiently important subject for an evening's discussion. But the question has arisen whether this disease is not sometimes accompanied by more serious symptoms and consequences, and involved in this question are several others of interest. Some of these I now propose to consider, and I shall take them in the following order:

(1) The question of the relationship of Erythema multiforme to Erythema nodosum.

(2) The question of the relationship of Erythema multiforme to rheumatic fever.

(3) The question of the relationship of Erythema multiforme to Lupus erythematosus.

(4) The question of the relationship of Erythema multiforme to (*a*) some other skin-eruptions, including pemphigus, dermatitis herpetiformis, exudative erythemas associated with administration of drugs, or serums, or with microbic infections; (*b*) purpura rheumatica and Henoch's purpura.

(5) The question of the occurrence of visceral complications in Erythema multiforme.

(6) The ætiology and pathology of Erythema multiforme.

The relationship of Erythema multiforme and Erythema nodosum.—I have already stated that many writers have incorrectly assumed that Hebra made of Erythema multiforme and Erythema nodosum one

disease, because he included them under the one title—polymorphous erythema. When Hebra published his account of Erythema multiforme, Erythema nodosum had been already recognised as a definite disease for more than half a century, and Hebra distinctly says that Erythema nodosum differs from Erythema multiforme in its form, seat and course, and also in the symptoms by which it is accompanied, and that Erythema nodosum, or Dermatitis contusiformis, must be described as an independent malady. (Sel and Talaman and Düring, of Constantinople, have also insisted upon the differentiation of these two affections as distinct diseases.) On the other hand, among those writers who have regarded Erythema multiforme and Erythema nodosum as varieties of the same disease are Lewin, a pupil of Hebra, who published a monograph in 1878, Besnier and Doyen, who edited Hebra's "Diseases of the Skin," in French, Molenes-Mahon, who wrote a thesis in 1884, and Stephen Mackenzie at the Seventh International Congress of Dermatology in 1896.

Examples of Erythema nodosum and Erythema multiforme occurring simultaneously in the same patient have been cited as indicating the identity of these affections. But if one reads carefully the records of these cases, one finds that they are really examples of wide-spread Erythema nodosum. I have myself notes of three cases of Erythema nodosum, in which the lesions occurred not only upon the shins, but also upon the face and upon the backs of the hands and forearms. But the lesions in these cases, although they occupied the common position of those of Erythema multiforme, were more nodular and more deeply seated and they were tender on pressure. Apart from the nodular character of the lesions of Erythema nodosum, their oval shape, their extreme tenderness and their situation, particularly on the fronts of the shins, we have also the fact that Erythema nodosum is usually not recurrent as is Erythema multiforme. Erythema nodosum is much more often accompanied by marked febrile symptoms than is Erythema multiforme.

It seems, at any rate at present, better to regard these two affections as distinct diseases, since their confusion tends only to make the elucidation of their cause more difficult. The evidence which is accumulating in regard to the not infrequent association of Erythema nodosum with measles, with tuberculosis, or with meningitis—an association which does not belong to Erythema multiforme—is an instance

of the need for the separate study of the ætiology of these two eruptions.

On the question of the rheumatic nature of Erythema multiforme.—The possible relationship between Exudative erythema and rheumatism has been discussed for more than a century. Lorry, in 1777, described several eruptions which occurred in association with articular pains, and affirmed that they were rheumatic symptoms just as were the joint affections. Schönlein, in 1829, gave the name "Peliosis rheumatica" to certain erythemas with purpura. From 1835 onwards many authorities, including Rayer, Begbie and Todd, Couland, Garrod and Stephen Mackenzie expressed the opinion that Erythema multiforme is a cutaneous manifestation of rheumatism. Many of these writers, including Mackenzie, who was one of the most ardent exponents of this theory, have included not only Erythema nodosum and Erythema multiforme but also all sorts of erythemas in this category when drawing their conclusions, and the real proportion of cases of Erythema multiforme of Hebra associated with supposed rheumatic symptoms has not always been apparent. At the present day the tendency is to regard the joint pains and swellings which are present in cases of Erythema multiforme as further evidence of some general toxæmia or infection quite distinct from rheumatic fever. A quotation from a short paper by Dr. Samuel West well expresses the present view from the physician's side. "If," he says, "the diagnosis of rheumatic fever be more definite and more carefully and correctly made, as it is now, . . . the frequency of skin-eruptions is reduced very low, almost, except sudamina, to a vanishing point." And most dermatologists will agree, I think, that cardiac lesions are rarely, if ever, present in cases of Erythema multiforme. The practical outcome of this view is, that in cases of Erythema multiforme one does not give a bad prognosis in respect to the possibility of the subsequent development of rheumatic fever.

Question of the relationship between Erythema multiforme and Lupus erythematosus.—The suggestion has been made by several observers that there is a relationship between Lupus erythematosus and Erythema multiforme. Liveing, in his book on diseases of the skin, says that "it is not uncommon to find a history of polymorphic erythema associated with erythematous lupus, and very common to meet with patches of chilblain-like erythema on the hands of those

who are suffering from erythematous lupus of the face." He also says that "patches of erythema are sometimes mixed with Lupus erythematosus, and show their nature by disappearing rapidly, leaving only the lupus patches." Galloway and MacLeod, in the *British Journal of Dermatology*, vol. xx, p. 65, uphold the view that "certain cases of Lupus erythematosus and certain types of Erythema multiforme are so closely related that they may be regarded as the ends of a chain, in which all transitional stages may be encountered."

Perhaps in the present state of our knowledge, and while we are ignorant of the true cause of either of these affections, this must be a matter of opinion. My own view is, that they are distinct affections, probably due to distinct causes, and that although cases of acute Lupus erythematosus may simulate Erythema multiforme, yet there are always certain features which distinguish them. For example, Lupus erythematosus is very rare in young subjects, Erythema multiforme is common. Although there may be fugitive erythematous patches in cases of Lupus erythematosus, these patches are never sharply rounded like those of Erythema multiforme, nor do they present the dull purple centre with red margin of the latter eruption, and there are always present some lesions with the characteristic stippled surface of Lupus erythematosus, and others which leave scars. The lesions of Erythema multiforme, even the bullous lesions, never leave scars. Again, in Erythema multiforme, the eruption avoids the scalp and the central parts of the face, while in Lupus erythematosus these are favourite situations. In fact, although both diseases are alike in that they may be regarded as toxic erythemas, they are sufficiently distinct to point to their being due to distinct toxins. A case which appears to support this view was shown at a meeting of this Section by Dr. Sequeira on April 21st, 1910. In this case a patient with Lupus erythematosus developed Erythema multiforme of the iris type, but there was no transition from one type of lesion to the other, and the two affections appeared as distinct as are psoriasis and a syphilitic eruption when seen simultaneously in one patient.

I hope that some members present will have more to say upon this interesting point regarding the possible relationship between these two affections.

On the relationship of Erythema multiforme to some other skin-

diseases.—In the years following Hebra's description of Erythema multiforme there was a tendency among writers to extend the scope of this affection, more especially to include cases with eruptions of a more severe type, and even fatal cases. This was particularly the case with the French School. Molenes-Mahon, in a monograph inspired by Besnier, enlarged Hebra's conception to include many vesico-bullous eruptions of long duration and wide distribution which we now call Dermatitis herpetiformis. Brocq, who for many years was a strong advocate of this view, has lately written an article in the *Annales de Dermatologie* in which he says that he was in error, and he now admits that Hebra's disease has nothing in common with the group of Dermatitis herpetiformis. Others have included in one common group of polymorphic erythemata, erythemata associated with serum injections, with cowpox vaccination, with typhoid fever, pneumonia, gonorrhœa, syphilis, diphtheria, and with septic infections, regarding as Erythema multiforme all those eruptions which are characterised by exudation as well as erythema. But many, indeed most, of these erythemas which have been described as Erythema multiforme have not the peculiar distribution of Hebra's eruption nor the round disc-like patches with purplish centre and with tendency to spread on their periphery, and it is a question whether we ought not to regard them rather as imitations of the true or "idiopathic" form of Erythema multiforme rather than as the real thing. My own view is that we have no more reason for calling these rashes Erythema multiforme than we have for giving the names scarlet fever or measles to the scarlatiniform or morbilliform rashes which may occur under similar conditions. On the other hand, I do think we are justified in extending our conception of Hebra's disease in another direction, and that we ought to include with it those eruptions known as Schönlein's disease (Purpura rheumatica or Peliosis rheumatica) and Henoch's purpura. In each of these affections we have an eruption of Erythema exudativum in the form of discs or patches on the sides of the face, on the forearms and hands, and on the legs and thighs. The eruptions may be accompanied by joint pains, and even by serous effusions in and around the joints. Each may have abdominal pains as a symptom, and, except in the milder forms of Erythema multiforme, a transitory albuminuria is of common occurrence. The eruptions have a tendency to come out in crops, each

outburst being accompanied by a slight rise of temperature. They are prone to recur at intervals of months or years. In fact the difference between these three affections is only one of degree. The symptoms vary according as there is more or less escape of blood into the tissue involved. As I have already stated, there is some evidence that in Erythema multiforme lesions may occur in the alimentary canal similar to those we see on the skin. In Purpura rheumatica and in Henoch's purpura these lesions are made more evident by the fact that hæmorrhage takes place into them. In the autumn of 1910 there was what might be regarded as an epidemic of Erythema multiforme, and during the same period there occurred also an unusual number of cases of Purpura rheumatica and of Henoch's purpura, and this fact seemed to me to support the view that these three complaints are merely phases of one disease.

The question of the visceral manifestations of Erythema multiforme.—In recent years attention has been called by Sir William Osler and by Dr. Galloway to the occurrence of visceral manifestations in patients who present erythematous eruptions, and to the importance of this association. The observation is not altogether new, for so long ago as 1878 Lewin insisted upon the frequency and importance of visceral complications in Erythema exudativum multiforme, and Molènes-Mahon, in his thesis already referred to, said that although the cutaneous manifestations had been well described, the occurrence of general disturbances of health and of serious visceral complications had not been sufficiently recognised. The visceral complications included angina, broncho-pneumonia, endocarditis, pericarditis, and nephritis. But as we have already seen, authors had begun to include under the term "Erythema multiforme" all sorts of exudative erythemas and vesicular and bullous eruptions whose characters were not strictly those of Hebra's disease, and when one examines the records of the cases reported in which there were fatal complications, it is clear that not many, if any, of them ought to be classed as Erythema multiforme of Hebra. This, too, applies to the observations of Osler and of Galloway. Osler includes exudative erythemata without the typical characters of Hebra's erythema, purpuras, urticarias, angio-neurotic œdema, and one case of, possibly, acute Lupus erythematosus. In one of Galloway's cases of Erythema exudativum associated with cirrhosis of the liver there were erythematous discs

and segments of circles occurring most profusely on the trunk, and in another case, also of cirrhosis of the liver, the eruption was regarded as probably acute Lupus erythematosus. I do not by any means wish to deny the accuracy nor the great interest and importance of these observations relating to the association of erythemas and visceral troubles, but merely to point out that they are by no means all of them examples of Erythema multiforme. They may, I think, be divided into several distinct groups, according to the nature of the affection upon which the rash and the associated visceral troubles depend. For example, with angio-neurotic œdema there occur gastric crises, asthmatic attacks, and œdema of the glottis; with acute Lupus erythematosus there may be pneumonia and nephritis; acute generalised erythemas and purpuras of septic origin may be associated with high fever, broncho-pneumonia, nephritis, and ulcerative endocarditis; with cirrhosis of the liver go urticarias and purpuric rashes; and a form of mild purpuric eruption of the legs is sometimes associated with œdema of those parts and with passing albuminuria.

To return to the Erythema multiforme group, I do not suggest that these are not associated with visceral troubles, but merely that they, too, have their own particular type of visceral manifestation. Some of these I have already mentioned. They are mainly abdominal and renal. Endocarditis or lung troubles do not occur, or are, at any rate, very rare.

In mild forms of Erythema multiforme abdominal pains are not uncommon, and there may be enlargement of the spleen. Albuminuria may occur, but it is rare, except in cases of a severe type. In Purpura rheumatica abdominal pains are of common occurrence, and there may be vomiting and passage of blood by the bowel, and albumen, or even blood, in the urine. Henoch's purpura differs only in that the abdominal pains are a more marked feature and that swellings occur, which may be mistaken for intussusception, or actual intussusception may be produced.

Sachs, in a paper in the *Archiv für Dermatologie und Syphilologie*, 1909 (vol. xcviii, p. 35), records five cases of Erythema multiforme with albuminuria. In three cases the albumen disappeared with the patient's recovery, and two cases, in which acute nephritis was followed by Erythema multiforme, were fatal. Sachs raises the question whether, in these fatal cases, the nephritis may have been

due to the same toxin which later produced the eruption of Erythema multiforme. Welander has also published a fatal case of Erythema multiforme in which there was nephritis. It therefore appears that, although symptoms pointing to exudation or hæmorrhage into the wall of the bowel are the more common, in rare instances Erythema multiforme may be accompanied by fatal nephritis.

Ætiology and pathology.—One of the earliest theories of the causation of Erythema multiforme was that of Lewin, who believed it to be the result of a reflex vaso-motor disturbance from some irritation arising in disease of the urethra or genital organs. Others have suggested that the vaso-motor apparatus is acted upon by some toxin circulating in the blood. But the theory of vaso-motor disturbance would seem to be entirely upset by the knowledge of the fact that there is evidence of marked inflammatory reaction in the lesions. A microscopical section of the lesion of Erythema multiforme shows the blood-vessels in the upper part of the corium distended with red blood-cells and surrounded by a cell-exudation made up of mononuclear and polynuclear leucocytes, together with epithelioid cells, the result of proliferation of the endothelial or connective-tissue cells. There is also some œdema and proliferation of the epidermal cells. These features seem to point to an inflammatory reaction to some irritant brought by the blood-stream. We can conceive that it might be a toxin absorbed from the alimentary canal, or produced at some distant focus of microbic infection, or that such a toxin might even be produced by the local presence of micro-organisms in the capillaries of the skin. But whether we are to regard this eruption as the result of some one particular toxin, or of some specific microbic infection, or whether it is to be looked upon as a symptom of various toxins or infections is still a matter of opinion.

Streptococci, or other cocci, have been found in the lesions or in the blood or urine in cases of Erythema exudativum, notably by Finger, Ziegler, Carruccio, Potrini, and Haushalter. But a careful study of the descriptions of these cases makes one hesitate to regard them as examples of Erythema multiforme of Hebra. Indeed, Finger (whose cases are sometimes quoted as examples of Erythema multiforme) himself draws a distinction between Erythema multiforme associated with coccic infections and "idiopathic Erythema multiforme," and says that he has been unable to find micro-organism in the lesions of

the latter. Geber, in a recent communication of the *Dermatologishe Zeitschrift*, records a number of cases of "so-called idiopathic erythema," in some of which he found cocci in the lesions or in the blood, and in others demonstrated the presence of a focus of coccic infection. One only of these cases can be diagnosed as a typical Erythema multiforme, and in that one the coccus found was not identified.

On the other hand, many observers have had invariably negative results from examination of the blood or lesions for micro-organisms in Erythema multiforme. In three cases of unusually severe Erythema multiforme under my own care the results of blood-cultures were negative, and on searching the hospital records of severe cases of Erythema multiforme, Purpura rheumatica and Henoch's purpura in the wards of St. Bartholomew's Hospital during the past two years, I cannot find any positive blood-culture in a large number of cases examined.

These negative results do not, of course, prove that Erythema multiforme is not due to a bacterial infection. It is well known that negative results are often obtained in cases of known microbic infection, and this is much more likely to be the case with a mild type of infection. But it is possible that with improved methods a micro-organism will be found as the cause of Erythema multiforme. Geber suggests that only quite recent lesions should be examined, that serial sections should be cut, attention being directed especially to the demonstration of thrombo-phlebitis, and that micro-organisms are to be sought for in the thrombus; that blood-cultures should be made while there is fever; and finally, that complement-fixation methods should be employed, using staphylococcus, streptococcus and gonococcus as antigens.

One point which seems to favour the microbic infection theory as the cause is the occurrence of this disease in epidemics, as has been noted by several observers.

I ought, perhaps, to mention a recent view which seeks to draw an analogy between "serum disease" and Erythema multiforme, and which regards the recurrence of the rash and joint pains as phenomena of anaphylaxis or hypersensitiveness to some foreign proteid or toxin absorbed from the alimentary canal. As to the nature and origin of such toxin, if it exists, we have as yet no clue.

In conclusion, Erythema multiforme is an affection with very characteristic and constant features. It is, in the majority of cases, not a serious disease, although serious and even fatal cases may occur associated with nephritis. It has no relation to rheumatic fever, and is probably distinct from Erythema nodosum. It may be imitated by erythematous eruptions associated by various known toxic and infectious conditions. Erythema multiforme, so-called Purpura rheumatica and Henoch's purpura are probably modifications of one and the same malady. The nature of the disease, whether a toxæmia or due to a microbic infection, is not yet known.

The PRESIDENT said he was sure all present would wish to thank Dr. Adamson for having opened the debate in so masterly and scholarly a manner.

Dr. PRINGLE desired to join in the President's congratulations to Dr. Adamson on his paper. He agreed with the whole of Dr. Adamson's conclusions as sent round on the printed slip, but for his present purpose he would place a note of interrogation against No. 2, as distinguished from No. 1, in order to hear from Dr. Adamson how he would classify such a case as that of which he exhibited a couple of coloured drawings. That case, according to all accepted nomenclature, was a characteristic severe example of bullous Erythema multiforme. The patient was a student at Middlesex Hospital, aged 24 years, and when seen in 1899 he had an enormously severe attack of bullous erythema, typical in distribution, *i. e.* on hands, feet, etc., and with great abundance of lesions in the mucous membrane of the mouth and throat. The attack lasted two months. The patient recovered and has not had an attack since. The immediate cause was undoubtedly drain-poisoning and was an incident in his midwifery work outside the hospital. He believed that in Dr. Adamson's own mind there was a little doubt about the differentiation of what he described as microbic diseases from those which he classified as toxæmic under heading No. 2. The reasons for and evidences of such a distinction had not been made so clear as he, Dr. Pringle, would have liked.

Dr. WHITFIELD said he felt himself in almost entire agreement with Dr. Adamson, except possibly—and on that he had an open mind—as to whether the purpura should be included with Erythema exudativum. One point which he believed Dr. Adamson did not mention was in the separation between Erythema nodosum and Erythema multiforme. Dr. Adamson said that Erythema nodosum did not, as a rule, relapse; he (Dr. Whitfield) would go further, and say it was very rare to find a second attack occurred at any time in the patient's life. Another point was that some years ago the incidence of the two affections in different years was carefully worked out by the Vienna School, and it was found that the seasons in which Erythema nodosum was prevalent—and that occurred also in epidemics to some extent—were not the seasons or years in which Erythema multiforme was marked. To him that seemed a very important point. He felt fairly confident that Erythema nodosum had some dim relationship to rheumatism, though he did not regard it as a definitely rheumatic affection. Still, it occurred markedly in families where there were other rheumatic manifestations, such as acute rheumatism and chorea. He himself came of a family

which was a gem in regard to rheumatic conditions, for there was an extraordinary high incidence of rheumatic conditions in three generations, including acute rheumatism, chorea, and Erythema nodosum, but no members of the family had had Erythema multiforme, and so that disease did not come into the scheme. The constitutional symptoms of Erythema multiforme were chiefly depression, and the patients generally had eye or mouth symptoms; but they did not show the marked and intense anæmia which seemed so characteristic of Erythema nodosum, the subjects of which always had an intense pallor, and their hæmoglobin index fell as low as 50 or 60 per cent., even with a slight attack of Erythema nodosum. He believed Erythema multiforme would turn out to be a toxic eruption of a single general bacterial infection, *i. e.* that the lesions would not be found to contain the organism. They were familiar with all kinds of rashes which were now associated with streptococcal and staphylococcal infections, also tubercular and other, but they did not see Erythema multiforme with these. He did not say one never saw Erythema multiforme with known bacterial infections, but it was extraordinarily rare to do so. One saw all kinds of fleeting erythemata, but it was rare to see a typical case of Erythema multiforme with any known bacterial infection.

Dr. Galloway said that dermatologists would probably look back on the history of this disease as developing in four stages: First the period marked by the work of Willan. Robert Willan's remarkable writings were those of a pioneer in the subject, and marked the path through the wilderness of the crude conceptions then existing of the appearance and causation of this malady. Then came the classical work of Hebra, who, following Willan's pathway, indicated and defined the boundaries of the subject by land-marks still easily recognisable. The third stage many of us associated with the painstaking and accurate observations of Dr. Colcott Fox. We were now in the fourth stage, when we hoped that the recent additions to our knowledge of pathology might result in a still more accurate and fruitful explanation of the subject which Dr. Adamson had brought before the Society. He willingly agreed with Dr. Adamson in most of his observations, but in reference to the ætiology of this group of diseases, he thought that we should widen rather than narrow our conception as to the possible underlying causes, even with adhering to the strict definition given to Erythema multiforme by Dr. Adamson. To attribute Erythema multiforme to a specific microbial infection did not seem to him to be an adequate explanation. He thought that we must all recognise the disease as being due to a circulating poison in the blood and tissues which might have different origins, more probably from some distant source than by the actual development or growth of the poison, bacterial or other, at the point of lesion. He could not help thinking that the actual lesions of the disease, either cutaneous or visceral, were probably to be explained by local failures or diminution in resistance to the noxious influences of a generalised toxæmia. Our knowledge of the phenomena occurring during the condition of anaphylaxis resulting from certain forms of poisoning might well be applied to explain the actual local phenomena occurring in Erythema multiforme. On this hypothesis, however, a general toxæmia would be the most likely foundation for the anaphylactic phenomena of the local lesion. From the observations of others and also in what had occurred in his own clinical experience, he felt that such widely different types of toxæmia as those producing cirrhosis of the liver on the

one hand and the "catarrhal" inflammation of the bowel on the other might all be followed by the local inflammatory and even destructive lesions of Erythema multiforme. There were many other points in Dr. Adamson's paper which opened the gates for theoretical discussion, but in the meantime he thought that closer clinical observation and chemical and bacteriological investigation in the wards were urgently stimulated by this evening's discussion. He would like to mention one point in connection with Dr. Adamson's reference to his old friend, Sir Stephen Mackenzie. Sir Stephen was well known to be a vigorous supporter of the rheumatic origin of certain lesions of the skin, but he would have been unwilling to state that ordinary Erythema multiforme was always a rheumatic manifestation; but he did hold very strongly that true Erythema nodosum was a manifestation of rheumatism, for he used to say that he regarded Erythema nodosum to be as distinctly a mark of rheumatic disease—meaning by that simple acute rheumatism—as is pericarditis or endocarditis. The present tendency of opinion was to regard acute rheumatism as a definite or even specific bacterial infection: therefore he thought it might be a legitimate inference to go to the length of including even Erythema nodosum itself in a class with other anaphylactic skin-lesions, resulting from the reaction of the organism to a specific rheumatic infection. He would like, with others, to give his thanks to Dr. Adamson for the care and trouble he had taken in preparing his opening paper.

Dr. MacLeod said that he agreed with Dr. Adamson in the majority of his conclusions. He believed that the ordinary toxic rashes, such as drug rashes due to sera, etc., were different to the classical Erythema multiforme exudativum of Hebra, though he had met with border-line cases in which a certain diagnosis between the two was very difficult. Just as in the case of the ordinary toxic erythemata, similar eruptions resulted from diverse causes, so it seemed to him was also the case in Erythema multiforme. He considered that the peculiar types of reaction associated with it were capable of being produced by a variety of causes, probably toxic in origin. He referred to one case of Erythema multiforme in which recurrences seemed to take place owing to the drinking of beer. The patient was a male attendant at a bar and an out-patient at the Charing Cross Hospital. His first attack, which was extremely severe, involving not only the skin of the arms, face and neck, but also the mucous membrane of the mouth, came on as the direct result of a bout of beer drinking, and the subsequent attacks seemed to take place whenever he indulged too freely. The actual toxin was probably an autogenous toxin eliminated as the result of beer poisoning. A case of this sort did not suggest a microbic origin for the disease. With regard to the relationship of Lupus erythematosus to the disease under discussion, he considered that there was a closer relationship between the two diseases. He referred to one case in a young woman who died of nephritis in which acute Lupus erythematosus was present on the face, neck and arms, and when it appeared it was diagnosed as Erythema multiforme, and to another case, also in a woman with nephritis, in which similar erythematous lesions which did not scar persisted until she died.

Dr. Wilfrid Fox said the only point in the paper about which he disagreed was concerning Lupus erythematosus. He had a case of a hospital nurse who two years had typical Erythema multiforme and the third year had Lupus erythematosus, though no scarring was left by the lesions of the first two years.

Yet there was scarring after the third year. He agreed with Dr. Galloway that there were multiple causes, quite apart from different soil on which the seed may be sown, in various persons. It was well known that various persons reacted differently to the same poison. There seemed no reason to seek one particular cause for Lupus erythematosus.

Dr. GEORGE PERNET considered that the paper just read brought all the facts together and stated them in a clear and lucid manner. On the main points he agreed with the author, viz. that true Erythema multiforme exudativum was distinct from Erythema nodosum and from Lupus erythematosus. The point which Dr. Adamson had brought out in regard to the possible relationship of Erythema exudativum multiforme of Hebra with Henoch's purpura was very important. In Erythema exudativum multiforme one met with hæmorrhage into the lesions. In his own mind he had always kept Erythema multiforme limited to the Erythema exudativum multiforme of Hebra. But unfortunately the name Erythema multiforme had been loosely applied. In the thesis which he published in 1908* Dr. Pernet had given the full details of a case which Franz Koch first considered was acute Lupus erythematosus, but, influenced by the views of some Berlin dermatologists, veered round to the diagnosis of Erythema exudativum multiforme. Later, however, Koch went back to his original view, and anyone who read the account would agree the case was one of acute Lupus erythematosus. In that same thesis Dr. Pernet mentioned a colour drawing of Hebra's, in an atlas of that authority's, of a patient with Erythema exudativum multiforme, which had quite a different facial aspect from that of the case which Franz Koch eventually diagnosed as a Lupus erythematosus. But Hebra† did did not give a very clear and detailed account of Erythema exudativum multiforme. A curious feature pointing to the endemic or epidemic condition was given in a footnote to Hebra's works, in which he referred to that condition being endemic in some parts of European Turkey, citing a book by Rigler‡ and von Gdal. But von Düring, to whom Dr. Adamson referred, whose exhaustive monograph on Erythema exudativum multiforme went into great detail, does not in the diagnosis say anything about Lupus erythematosus §. Further, von Düring refers to a case of Erythema exudativum multiforme by Lewin, of Berlin, but he does not accept it as an instance of that disease. This shows the conception of Erythema exudativum multiforme Hebræ had been modified in Berlin. ‖ The work of Lendon,¶ of Adelaide, on Erythema nodosum should be mentioned in connection with the above discussion.

Dr. BOLAM (Newcastle) said that one point to which Dr. Adamson referred was to him of great interest, namely, with regard to albuminuria in these cases and the terminal association with nephritis. What he had seen of these cases would suggest to him that the severity of the eruption bore a relationship to the degree of renal insufficiency, just as the outbreak of drug eruptions was related in degree with the extent of kidney mischief. In nearly every case of severe drug eruption

* Pernet, *Le Lupus erythémateux aigu d'emblée*, Paris, 1908, pp. 55 and 101.

† Hebra, *Hautkrankeiten*, B. iii, Th. i, pp. 198 *et seq.*

‡ Rigler, *Die Türkei und deren Bewohner*, 1842, B. ii, p. 44.

§ Von Düring, *Arch. f. Dermat. u. Syph.*, B. xxxv, 1896, p. 219 *et seq.*

‖ Pernet, *op. cit.*, p. 103.

¶ Lendon, *Nodal Fever*, 1905.

there would be found some renal trouble. With regard to Erythema nodosum, he went further than most of the evening's speakers, regarding it as a subdivision of Erythema multiforme determined by the rheumatic poison, just as he expected that Erythema multiforme would be further split up when the causal organism was found in particular instances. He did not gather from the paper, as Dr. Galloway seemed to, that Dr. Adamson attributed the eruption to a local infection, but rather to one of a general nature.

Dr. HEATH said the frequent recurrence of Erythema exudativum was, in his mind, against a microbial origin. He saw no reason against supposing it to be due to a chemical poison, as opposed to a bacterial one. With regard to Erythema nodosum he had always seen the typical eruption on the front of the legs, and occasionally on the forearms. Recently he saw a case with pain and swelling in the joints, associated with an acute erythematous eruption on the face, looking like acute Lupus erythematosus. That was new to him, and it suggested that Erythema nodosum was not quite the one entity it had usually been considered, and that even that affection might be due to more than one agency. Though he had seen dozens of cases of Erythema nodosum he had never before seen it associated with acute erythema of the face.

Dr. GRAY said that a year ago he saw a child which had been vaccinated ten days before, and it had the most marked typical Erythema multiforme that he had ever seen. It was partly bullous, but mainly of the ordinary discoid type. That seemed to support the toxic rather than the bacterial view though, of course it did not definitely prove anything.

The PRESIDENT said the debate had been short and sharp, but useful, and it had brought out certain points. He had done a good many years' work in out-patient departments, while having his share of private work, and his impression was that Erythema multiforme was distinctly rare in private as compared with hospital practice. The explanation he would give of that was, that most of the cases he had seen came after they had been exposed to extreme cold; in some there was a definite lack of warmth and a comfortable existence. When the disease was seen in private patients it was generally evident that they had been driving in a cold wind, or had otherwise subjected themselves to unusual exposure, but, of course, the generality of people of that class were usually comfortable, hence the difference in the incidence. He could recall a considerable number of cases in policemen who developed the eruption after night-duty in severe weather. He believed it was due to toxæmia generated in the tissues whose vitality was lowered by the extreme cold. The next point was, that there was a vast difference between the acute cases caused in the way he had mentioned and the chronic cases which relapsed time after time. The latter he considered to be due to a chronic intestinal disturbance of a complex kind which had not yet been explained. He disagreed with one of the speakers, in that he did not think the Hebra's Erythema multiforme which he saw in Vienna was bacterial in origin. He believed it to be due to some form of chronic toxæmia, which was not yet understood, and that it was parallel to the forms of erythema due to drug-eruptions and other forms of poison which certainly were not bacterial. He agreed with what Dr. Bolam said as to the prognosis in the chronic cases depending very much on the degree of renal sufficiency. One of the worst cases of Erythema multiforme which he had ever seen—a quite typical one, which was

shown at one of the societies—went on to a condition of desquamative dermatitis, and ultimately died insane. There was no means of ascertaining whether there was any kidney disease during life. There was no albuminuria, and the urine appeared in other respects normal. At the post-mortem examination it was found that there was only one kidney; and that was a large white kidney. The fatality was due to the kidney disease.

Dr. ADAMSON, in reply, said that he did not know what name to give to Dr. Pringle's case, but he thought the distribution and character of the eruption was not typical of Erythema multiforme. He agreed with Dr. Galloway that erythemata might result from a large number and variety of toxic and infective conditions, and that such erythemata might be of morbilliform or scarlatiniform type, or roseolous, or erythemata with exudation. But he thought the characters of Erythema multiforme and the peculiar distribution were so definite and distinct that one could only suppose some one specific toxin or infection. The more we learned about skin-diseases the more we found that eruptions having very distinct features were produced by single causes. The eruptions of the specific fevers—measles, scarlet fever, chickenpox, enteric fever, etc.—were instances. Lately we had learnt how even different varieties of one organism—the ringworm fungus—might each produce their own distinct eruptions. He thought that all diseases such as Lichen planus, psoriasis, scleroderma, Lupus erythematosus with sharply marked and constant features must certainly be due to single causes. The case mentioned by Dr. MacLeod, he thought, was unique. It was interesting, but as the man had long been an excessive beer drinker it seemed possible that the attacks of Erythema multiforme were merely coincident. He could offer no explanation why the lesions of Erythema multiforme were localised mainly upon the extremities and sides of the face, or, rather, it seemed to him the most likely position, since stagnation of toxins or micro-organisms would occur here, and it was really more difficult to explain why all toxic erythemas did not favour these parts. In answer to Dr. Bolam, the speaker said that when he suggested a microbic infection as the cause of Erythema multiforme he meant a general microbic infection—that the lesions were the result of micro-organisms carried to the skin by the blood-stream. He did not think, however, that a specific toxæmia could be excluded, for he did not agree with Dr. Whitfield that all erythemas of which the cause had been demonstrated had proved to be the result of the local presence of micro-organisms. The eruptions of serum disease and erythemata due to drug poisons were instances of true "toxic" erythemata. Sir Malcolm Morris had suggested that the frequent history of exposure to cold as an exciting cause seemed to point to a toxæmic origin, but was not this also a common predisposing factor in microbic infections? He was interested to hear that the President regarded this affection as far less frequent in private practice than among hospital patients, for he had been under the impression that its incidence was not influenced by the conditions of living.

CURRENT LITERATURE.

EXPERIMENTAL AND CLINICAL STUDIES IN DERMATOMYCOSIS. Kusonoki. (*Archiv f. Derm. u. Syph.*, October, 1912.)

The author has summarised his results under three headings: (1) Infection (2) prophylaxis, and (3) immunity.

(1) For the satisfactory development of implanted fungus in men or animals he advises the following desiderata:

A suitable temperature, a lesion of the epidermis from which secretion is free, moisture, the presence of oxygen in sufficient quantity, and the absence of any specific immunity against the strain employed. The most important condition is a breach of epidermal continuity.

Virulent strains of ectothrix (*Trichophyton gypseum* and *niveum*) are very resistant to heat and desiccation, favus and endothrix, which tend to spread superficially less so. The hair and nails are more liable to be attacked by the latter because of their inability to grow at higher temperatures, and on the other hand, the glabrous skin where the temperature is higher, is more susceptible to ectothrix in the trichophyton group, Achorion Quinckeanum (mouse favus) in the achorion group, and microsporum lanosum in the microsporum group.

(2) The best prophylactic measures are the avoidance of abrasions and the rapid cure of eczematous and other pruritic conditions. Once infected only those agents which also damage the skin are of therapeutic value in animal experiments, *e. g.* chrysarobin, naphthol.

(3) The guinea-pig can be artificially immunised by infection, not only against the actual fungus employed but also against any member of that particular group, and this immunity is transmitted by the mother to her offspring, whether produced before or after conception.

The virulent fungus produces a very effective immunity against infection by a weak strain, and conversely, the weaker the immunising strain the less effective the resistance to a virulent fungus. Both quantity and quality of endotoxin are of importance in this respect, and the degree of immunity produced varies directly with the depth of the primary local infection.

Rabbits are far less easily immunised, and a very severe local infection is necessary. If Trichophyton gypseum be used in these animals, a kerion is produced (a rare occurrence in the guinea-pig), and once established the course of the infection is from thirty to forty days.

Trichophytin (a standardised solution of weakened or sterilised culture in solution) is used to produce diagnostic reactions. It will not produce an active immunity. It is best given intra-dermically, and in positive cases the temperature rises in a few hours to 102° F. in deep infections, not higher than 99° in superficial. Kusonoki's experiments go to prove that it is not followed by a reaction in the normal human subject, although it is sometimes strongly positive in uninfected animals, but not if these be young or cachectic. Repeated injections produce an ever dwindling reaction. The older the sample used the more effective the reaction. Favin, an analogous product, is followed by a positive reaction in cases of favus or ringworm, but the reaction in the latter case is not so marked as with trychophytin, whilst cases of favus seldom react to trichophytin.

Deviation of complement and precipitation experiments yielded uncertain results.

H. C. S.

INTRA-VENOUS QUININE INFUSIONS IN PEMPHIGUS. Leszczynski. (*Archiv f. Dermat. u. Syph.*, October, 1912.)

The formula used was one devised by Prof. Popielski: chin. muriat, 1·00; natri chlorat. purissimæ, 1·70; aq. destill., 200·0.

Twenty c.c. of this solution contains 0·10 of muriate of quinine, and the initial dose used by the author in the three cases he describes was 0·5, *i. e.* 100 c.c. of the above-described solution together with 50 c.c. of an 8·5 per cent. saline solution.

In all three cases the subjective symptoms were greatly relieved after the first infusion, and in forty-eight hours the mucous membrane lesions had begun to epithelialise.

As there were but few symptoms of quinine intoxication the author rose gradually, infusing on alternate days, up to a dose of 1 grm. Case 1 had six infusions, and left the clinic without symptoms. Case 2 was similarly relieved after nine infusions, and Case 3 was still under treatment in the clinic at the time of publication and was improving after fourteen injections.

The author does not claim that these patients are cured by the infusions. In fact he points out that normal saline infusions alone have a therapeutic value in pemphigus, but he maintains that the treatment has a beneficial influence on the course of the disease, as shown by the increased rate of epithelialisation, the alleviation of subjective symptoms, the gain in body-weight, and the apparent hindrance to the rapid formation of new bullæ (Cases 1 and 2).

H. C. S.

DO SORO-DIAGNOSTICO DA SYFILIS PELA REACÇÃO DE WASSERMANN. Riedel and Geyer. (*Archivos Brasilieros de Medicina*, February, 1912, p. 19.)

This is an unusually intricate paper dealing with the details and underlying principles of the Wassermann reaction. The authors maintain that the complement has, in a hæmolytic serum, a specific low value limit, which is said to lie somewhat over two titrated units. Many pathological sera (chlorosis, hydræmia, and also syphilitic) come in this capacity of reaction to stand well below the normal limits, inasmuch as they need, for the reaction, much more extract than do the sera of apparently normal individuals. The negative results obtained with three hæmolytic complement units show how little dependence is to be placed on the hæmolytic controls of most of the so-called simplifications of the Wassermann reaction, and explain why so often non-specific results are seen with the Flemming, Stern, Hecht and Bauer methods. A series of most instructive curves exemplifying the authors' results are contained in the paper, which is to be strongly recommended to all who are interested in the Wassermann reaction and its modifications.

J. L. B.

NOVOS ESTUDOS SOBRE A ETIOLOGIA DA SYPHILIS MALIGNA PRECOCE. Juliano Moreira. (*Archivos Brasilieros de Medicina*, February, 1912, p. 69.)

After objecting to the restriction of the term "Lues maligna" to certain ill-defined groups of cases, the author proceeds to sketch a picture of the most severe,

or malignant, forms of syphilis, as found in Brazil. He also describes some varieties of Syphilis acutissima, where the ordinary anti-syphilitic remedies do no good or only seen to hasten the fatal ending. Such cases may give a negative Wassermann reaction, probably because the organism is too exhausted to manufacture more antibodies. In fact, those cases of malignant syphilis in Brazil which give a positive Wassermann reaction (and these are in the majority) have the best prognosis. But the rapid disappearance of a positive Wassermann reaction in cases of malignant syphilis which are under proper treatment is not always a favourable symptom. In cases under treatment the reaction may become negative in the intervals of syphilitic recurrences, but in many cases the appearance of a positive reaction in cases which have previously always given a negative reaction is to be regarded as a favourable sign.

With our present methods of investigation, only occasionally are *Spirochæta pallida* to be found in the skin-affections of Syphilis maligna. Inoculation of portions of such lesions into monkeys gave in the hands of Tomascewski positive results. There is no relation between the position and intensity of the chancre and the severity of the syphilis, and it is better to treat with exceptional thoroughness those cases in which the chancre has an unusually "bad appearance" or abnormal site. J. L. B.

BOUBA E SYPHILIS—RELAÇÕES ENTRE AS DUAS TREPONEMOSES. S. A. Filho. (*Archivos Brasilieros de Medicina*, February, 1912, p. 150.)

Bouba, which is a synonym of Framboesia tropica, pian and yaws, although presenting many similarities to syphilis, can, according to Filho, be distinguished from this disease by comparative examination of its ætiology, pathological histology and clinical appearances. That it is a distinct and definite disease has been shown by the researches of Charlouis, Halberstaedter, Baermann and Castellani. The micro-organism which gives rise to Bouba, the so-called "*Treponema pertenue*," has certain morphological differences from the *Treponema pallidum*, and inoculation experiments on monkeys make this distinction quite clear.

The raspberry-like eruption is preceded by the usual prodromal symptoms of a general infection, and is accompanied by swelling of the lymphatics and by well-marked pains in the bones and limbs. The writer objects to the usual division of the development of the disease into three stages, firstly because this tends to bring the disease closer to syphilis, and secondly, because such a division is not clinically justifiable. The so-called secondary symptoms do not in bouba really show any difference from the so-called primary, and late, or tertiary, symptoms do not exist. It is interesting to know that there is no form of bouba which is peculiar to Brazil.

When the eruption is well marked the Wassermann reaction is always positive, and, like syphilis, salvarsan appears to be a specific for the disease.

J. L. B.

QUARTERLY SURVEY OF DERMATOLOGICAL LITERATURE.

ERYTHEMATA. INFLAMMATIONS, ETC.

Acanthosis Nigricans. A. Schaleb. (*Journ. of Cut. Dis.*, 1912, vol. xxx. p. 660.)

Acne and Seborrhœa. Discussion. (*Brit. Med. Journ.*, August 10th, p. 286.)

Copra Itch. Aldo Castellani. (*Brit. Med. Journ.*, November 2nd, 1912, p. 1208.)

Dermatite Polymorphe Douloureux Herpétiforme Subaiguë non Récidivante. Petrini Galatz. (*Ann. de Derm. et de Syph.*, July, 1912, iii. p. 397.)

Dermatitis Pustulosa Vegetans Recurrens. G. Pernet. (*Journ. of Cut. Dis.*, 1912, vol. xxx, p. 517.)

Dermatitis Seborrhoica, Types of. G. Stopford Taylor. (*Brit. Med. Journ.*, August 10th, p. 298.)

Dermatitis Symmetrica Dysmenorrhoica, A Case of. Friedeberg. (*Archiv f. Derm. u. Syph.*, 1912, cxiv, p. 173.)

Dermatitis Symmetrica Dysmenorrhoica (Matzenauer-Polland). Angioneurotic or Toxic Inflammation? Kreibich. (*Archiv f. Derm. u. Syph.*, 1912, cxiv, p. 161.)

Dermatitis Symmetrica Dysmenorrhoica, Observations on the Articles on, by Matzenauer and Polland in this Archive, vol. cxi, part 2. Mathes. (*Archiv f. Derm. u. Syph.*, 1912, cxiv, p. 185.)

Dermatitis Venenata. C. R. Stratton. (*Brit. Med. Journ.*, October 26th, 1912, p. 1139.)

Elephantiasis, Note on a Case. W. K. Hunter. (*Glasgow Med. Journ.*, 1912, vol. lxxvii, p. 166.)

Erysipelas in the Newborn, Some Peculiarities of. A Clinical Form with Signs of Adrenal Insufficiency. Lesné and Françon. (*Bull. de la Soc. de Pédiatrie*, June, 1912, p. 307.)

Erythemata, On the Nature of so-called Idiopathic. Geber. (*Derm. Zeitschr.*, 1912, B. xix, p. 782.)

Folliculitis and Perifolliculitis Ulcerans Serpiginosa. Bizzozero. (*Archiv f. Derm. u. Syph.*, 1912, cxiv. p. 111.)

Gangrene following the Use of Quinine and Urea Hydrochloride, Localised. H. H. Righton. (*Journ. Amer. Med. Assoc.*, 1912, vol. lix, p. 878.)

Herpes Zoster, An Explanation of the Eruption in. A. N. Bruce. (*Review Neurolog. and Psych.*, 1912, vol. x. p. 471.)

Herpes Zoster by Contagion. Veras. (*Brit. Journ. Child. Dis.*, 1912, vol. ix. p. 360.)

Herpes Zoster, Case of Asymmetrical, Bilateral. C. A. Mobley. (*Journ. Amer. Med. Assoc.*, 1912, vol. lix, p. 879.)

Impetiginous Eczema, Acute Nephritis with. R. Halberstadt. (*Monats. f. Kinderheilk.*, 1912, x, p. 569.)

Lichen Planus Diffusus. M. B. Hutchins. (*Journ. of Cut. Dis.*, vol. xxx, p. 615.)

Livedo. J. Comby. (*Arch. de Méd. des Enfants, Médecin d. l'Hôpital des Enfants Malades.*) Guille. (*Paris Thesis*, June 19th, 1912.)

Livedo in Children. J. Comby. (*Arch. de Méd. des Enfants*, November, 1912, xv, p. 801.)

Lymphangiomata of Scrotum with Multiple Petechiæ on Trunk and Hands. F. Cole Madden. (*Brit. Med. Journ.*, August 10th, p. 302.)

Lymphogranulomatosis of the Skin (? Leucæmia Cutis). Arndt. (*Virchow's Archiv*, Bd. ccix, No. 3.)

Œdema of one Leg in a Child, Chronic. E. O. Hughes. (*Lancet*, 1912, vol. ii, p. 752.)

Pantopon, A Typical Drug Rash after. Klausner. (*Münch. med. Wochenschr.*, 1912, Heft 40, p. 2169.)

Papilloma Acuminata of Labial Mucous Membrane. Wagner. (*Archiv f. Derm. u. Syph.*, 1912, cxiv, p. 397.)

Pellagra. O. S. Ormsby. (*Journ. of Cut. Dis.*, 1912, vol. xxx, p. 589.)

Pellagra, Case of. R. I. Lee. (*Boston Med. and Surg. Journ.*, 1912, vol. clxvii, p. 435.)

Pellagra in Illinois. (*Archiv. Int. Med.*, 1912, vol. x, pp. 123 and 219.)

Pellagra in the British Islands. L. W. Sambon and A. J. Chalmers. (*Brit. Med. Journ.*, October 26th, 1912, p. 1093.)

Pellagra, On the Question of a Specific Diagnostic Reaction in. Raubitschek. (*Deutsch. med. Wochenschr.*, vol. xxxviii, Heft 46, p. 2169.)

Pellagra: Sand-fly Protozoon *versus* Ziest Theory. L. Nicholls. (*Journ. of Trop. Med. and Hyg.*, 1912, vol. xv, p. 305.)

Pellagra, Tropical. L. Nicholls. (*Journ. of Trop. Med. and Hyg.*, 1912, vol. xv, p. 241.)

Pityriasis Rosea. (*Brit. Med. Journ.*, 1912, vol. ii, p. 1239.)

Prurigo Nodularis, Case of So-called. J. Zeisler. (*Journ. of Cut. Dis.*, 1912, vol. xxx, p. 654.)

Prurigo, Pruriginous Eczema and Lichenification. Sir M. Morris. (*Brit. Med. Journ.*, June 29th, p. 1469.)

Psoriasis, Glacial Acetic Acid in. G. T. Cregan. (*Brit. Med. Journ.*, 1912, vol. ii, p. 1214.)

Purpura Annularis Teleangiectodes (Majocchi). Vignolo-Lutati. (*Archiv f. Derm. u. Syph.*, 1912, cxiv, p. 303.)

Purpura Hæmorrhagica, The State of the Blood in. M. R. Bensaude. (*Bull. et Mém. de la Soc. Méd. des Hôp. de Paris*, July 25th, 1912, xxviii, p. 134.)

Purpura Hæmorrhagica, with Total Disappearance of the Blood-Plates. L. Le Sourd and Ph. Pagniez. (*Bull. et Mém. de la Soc. Méd. des Hôp. de Paris*, July 12th, 1912, xxviii, p. 99.)

Rare Skin-Eruption in a Female Patient with Renal Insufficiency. A. (A Case of "Urea Frost" apparently.) Portig. (*Münch. Med. Wochenschr.*, vol. lix, H. 46, p. 2511.)

Sclerodermia in Plaques of Mixed Type, Lardaceous and Tuberous; Thyroid Treatment: Rapid Amelioration. J. Nicolas and H. Moutot. (*La Pédriatrie Pratique*, April 15th, 1912, No. 11, p. 195.)

Sclerodermia with Thyroid Atrophy, A Case of. Bouchut and Dujol. (*Lyon Médical*, 1912, cxix, p. 421.)

Seborrhœa Capitis. G. T. Jackson. (*Journ. of Cut. Dis.*, 1912, vol. xxx, p. 608.)

Ulcerous Lesions of the Tongue. J. HOWELL EVANS. (*Brit. Med. Journ.*, June 8th, p. 1283.)

Ulcers following Radiotherapy, On. WALTHER. (*Bull. de la Societé de Chirurgie de Paris*, xxxviii, No. 30, p. 1145.)

Ulcus Vulvæ Acutum, A Peculiar Case of. LIPSCHÜTZ. (*Archiv f. Derm. u. Syph.*, 1912, cxiv, p. 363.)

Urticaria Pigmentosa. W. DUBREUILH. (*Ann. de Derm. et de Syph.*, August–September, 1912, iii, p. 494.)

GRANULOMATA.

Leprosy Bacillus and the Communication of Leprosy to Monkeys, On the Cultivation of the. REEUSTJERNA. (*Deut. med. Wochenschr.*, 1912, Heft 38, p. 1784.)

Leprosy Cultures of Glegg, Duval, Kedrowsky, Rost and Williams, A Comparative Experimental Study of the. H. BAYON. (*Brit. Med. Journ.*, November 2nd, 1912, p. 1191.)

Leprosy of the Cornea, Nodular. PASINI. (*Giorn. Ital. d. Mal. Ven. e della Pelle*, 1912, vol. lii, p. 51.)

Leprosy, The Contagiousness of. J. W. LINDSAY. (*Brit. Med. Journ.*, September 21st, 1912, p. 682.)

Leprosy, The Contagiousness of. C. R. M. PATTISON. (*Brit. Med. Journ.*, 1912, vol. ii, p. 1386.)

Leprosy, The Problems of. M. E. MARCHOUX. (*Brit. Med. Journ.*, November 2nd, 1912, p. 1191.)

Leprosy, The Organisms isolated from the Lesion of Human. CHAS. DUVAL. (*Brit. Med. Journ.*, November 2nd, 1912, p. 1189.)

Leprosy, Treatment of, by Nastin. K. S. WISE and F. P. MINETT. (*Journ. Trop. Med. and Hygiene*, 1912, vol. xv, p. 259.)

Telangeiectatis Granuloma (Botryomycosis), The Pathology and Ætiology of the so-called. KONJETZNY. (*Münch. med. Wochenschr.*, 1912, Heft 41, p. 2219.)

Yaws, Report on, Treatment of Twenty-two Cases of Yaws by Salvarsan. R. P. COCHIN. (*Journ. Trop Med. and Hygiene*, 1912, vol. xv, p. 277.)

NEW GROWTHS.

Cancer in Plants. G. D. MOORE. (*Journ. of Cut. Dis.*, 1912, vol. xxx, p. 515.)

Epithelioma with Copper Salts (Copper Leuthide), Treatment of. STRAUSS. (*Deutsch. med. Wochenschr.*, vol. xxxviii, Heft 45, p. 2122.)

Fibro-sarcoma on Lupus Scar-tissue. L. SAVATARD. (*Brit. Med. Journ.*, August, 1910, p. 309.)

Leucoplasia Penis followed by Carcinoma. IWASAKI. (*Derm. Zeitschr. f. Chirurgie*, 1912, vol. cxix, p. 127.)

Lymphodermias and Myelodermias (Cutaneous Manifestations of Leucæmic and Aleucæmic States), Study of (Part I). A. NANTA. (*Ann. de Derm. et de Syph.*, October, 1912, iii, p. 572.)

Molluscum Contagiosum, Note on Case of very Exuberant Growths in. W. CALWELL. (*Lancet*, 1912, vol. ii, p. 694.)

Molluscum Pendulum observed in Teneriffe, A Case of Generalised. M. FONTOYNONT. (*Ann. de Derm. et de Syph.*, October, 1912, iii, p. 566.)

Sebaceous Carcinoma and its Relation to Rodent Ulcer. L. SAVATARD. (*Brit. Med. Journ.*, August 10th, p. 308.)

Warts, On the Infectivity of. STERN. (*Münch. med. Wochenschr.*, 1912, Heft 41, p. 2233.)

Xanthoma Multiplex. W. C. ORAM. (*Brit. Med. Journ.*, August 10th, p. 309.)

X-ray Burns and Malingering. (*Brit. Med. Journ.*, 1912, vol. ii, p. 1238.)

PIGMENTARY CHANGES.

Exanthem made up of White Spots, On an. F. JULIUSBERG. (*Archiv f. Derm. u. Syph.*, 1912, cxiii, p. 509.)

Negro Albino, A. BLASCHKO. (*Berl. klin. Wochenschr.*, 1912, vol. xlix, Heft 45, p. 2128.)

Pigmentation, Exophthalmic Goitre with Generalised. A. SIREDEY and MLLE. DE JONG. (*Bull. et Mém. de la Soc. Méd. des Hôp. de Paris*, October 24th, 1912, xxviii, p. 320.)

Pigmented Maculæ on the Body. R. H. CASTOR. (*Journ. Trop. Med. and Hyg.*, 1912, vol. xv, p. 307.)

AFFECTIONS OF THE HAIR AND NAILS, ETC.

Acute Shedding of Hair in Certain Circulatory Disorders. D. WALSH. (*Amer. Journ. Derm.*, 1912, vol. xvi, p. 453.)

Causes and Treatment of the Common Falling of the Hair (Pityriasis capitis). KROMAYER. (*Therapie d. Gegenw.*, October, 1912.)

Grey Hair Associated with Nerve Lesions. G. L. CHEATLE. (*Brit. Med. Journ.*, August 31st, 1912, p. 470.)

Hyperhidrosis Circumscripta, Case of. R. L. SUTTON. (*Journ. Amer. Med. Assoc.*, 1912, vol. lix, p. 1193.)

Nails, Systematic Study of Morbid Conditions of. G. N. MEACHEN. (*Brit. Med. Journ.*, August 10th, 1912, p. 306.)

MYCOSES.

Actinomycosis occurring in Tuberculous Subjects. J. R. SLATTERY. (*Lancet*, 1912, vol. ii, 1074.)

Blastomycosis, On a Case of. COPELLI. (*Giorn. Ital. d. Mal. Ven. e della Pelle*, 1912, vol. liii, p. 467.)

Dermatomycoses, The Experimental and Clinical Studies to the Knowledge of. KUSUNOKI. (*Archiv f. Derm. u. Syph.*, 1912, cxiv, p. 1.)

Dermatomycosis due to a Mycoderma Pulmoneum Vegetating Disseminated. BALZER, GOUGEROT and BURNIER. (*Ann. de Derm. et de Syph.*, August–September, 1912, iii, p. 461.)

Favus in the Newborn. GÉBER. (*Archiv f. Derm. u. Syph.*, 1912, cxiv, p. 101.)

Hyphomycetes and other Fungi in Tropical Pathology, Note on the Importance of. ALDO CASTELLANI. (*Brit. Med. Journ.*, November 2nd, 1912, p. 1208.)

Onychomycoses, On a New Parasitic Form of. PELLIER. (*Ann. de Derm. et de Syph.*, October, 1912, iii. p. 563.)

Ringworm in Derbyshire. S. BARWISE. (*School Hygiene*, 1912, vol. iii, p. 166.)

Ringworm, Treatment of. J. H. SEQUEIRA. (*School Hygiene*, 1912, vol. iii, p. 155.)

Sporotrichosis. DE BEURMANN. (*Brit. Med. Journ.*, August 10th, 1912, p. 289.)

Sporotrichosis, Case of, in North Dakota. G. M. OLSON. (*Journ. Amer. Med. Assoc.*, 1912, vol. lix, p. 941.)

Sporotrichosis, Cutaneous. G. B. FOSTER and W. H. THEARLE. (*New York Med. Journ.*, 1912, vol. xcvi, p. 420.)

Sporotrichosis in the United States. G. F. RUEDIGER. (*Journ. Infec. Dis.*, 1912, vol. xi. p. 193.)

Sporotrichosis, Muscular. P. MOYRE and P. BAUFLE. (*La Presse Médicale*, 1912, No. 89, p. 902.)

NÆVOID CONDITIONS.

Hemi-hypertrophy of the Body with Nævus and Varicose Veins. E. D. TELFORD. (*Lancet*, November 9th, 1912, p. 1291.)

Hereditary Keratoma (Dissipatum Palmare et Plantare), A Peculiar Type of. BRAUER. (*Archiv f. Derm. u. Syph.*, 1912, cxiv, p. 211.)

Systematised Ichthyosiform Nævus. WAELSCH. (*Archiv f. Derm. u. Syph.*, 1912, cxiv, p. 237.)

PATHOLOGY.

Axillary Sweat-Glands, Changes brought about in, during Pregnancy. WAELSCH. (*Archiv f. Derm. u. Syph.*, 1912, cxiv, p. 139.)

Bacteria found in Psoriasis. MEUZER. (*Deutsch. med. Wochenschr.*, vol. xxxviii, Heft 45, p. 2119.)

Blood-Platelets in Toxæmias and Hæmorrhagic Disease. DUKE. (*Bull. Johns Hopkins' Hosp.*, May, 1912.)

Effect of a Skin-Irritant on the Local Blood-Flow in the Hand, The. C. J. WOOD and P. G. WEISMAN. (*Archiv Int. Med.*, 1912, vol. x, p. 196.)

Ehrmann's Luetic Phenomenon, Contribution to the Knowledge of. SCHMIDT. (*Archiv f. Derm. u. Syph.*, 1912, cxiv, p. 191.)

Giant-Cell in Tuberculous Lesions, Origin of the. A. M. BURGESS. (*Journ. Med. Research*, 1912, vol. xxvii, p. 125.)

Histology and Bacteriology of the Anatomical Tubercle, The. GHEZZI. (*Giorn. Ital. d. Mal. Ven. e della Pelle*, 1912, vol. liii, p. 493.)

Quantitative Cutaneous Tuberculin Test. ROBERT C. MORLAND. (*Lancet*, September 7th, 1912, p. 688.)

Radio-dermatitis, Ulcerating, and its Histological Lesions. J. DARIER. (*Ann. de Derm. et de Syph.*, October, 1912, iii, p. 541.)

Scharlach R. ("Kalle") and its Derivatives, Pellidol and Azodol, On. RETZLOFF. (*Deutsch. med. Wochenschr.*, 1912, Heft 42, p. 1984.)

Skin-Diseases in Relation to the Nervous System. (*New York Med. Journ.*, 1912, vol. xcvi, p. 574.)

Sulphæmoglobinæmia, Case of Localised Intra-corpuscular. H. Davis. (*Lancet*, 1912, vol. ii, p. 1145.)

Sulphur, The Histo-pathological Action of, on Normal Skin. Kopytowski. (*Archiv f. Derm. u. Syph.*, 1912, cxiv, p. 87.)

The Life-cycle of the Organism of Syphilis. J. E. R. McDonagh. (*Lancet*, October 12th, 1912, p. 1011.)

TREATMENT.

Alopecia Areata, Ultra-violet Light in Treatment of. H. Delpratt Harris. (*Lancet*, July 6th, 1912, p. 25.)

Coal-Tar in Dermatology. Rygier and Müller. (*Archiv f. Derm. u. Syph.*, 1912, cxiv, p. 197.)

Colloid Seleniums in the Treatment of Cancer. M. Laurent and J. Bohec. (*Med. Press and Circ.*, 1912, vol. cxlv, p. 461.)

Cosmetics in Children. G. N. Meachen. (*Amer. Journ. Derm.*, 1912, vol. xvi, p. 548.)

Eczema, Some Practical Points in the Treatment of. G. S. Stopford-Taylor. (*Med. Press. and Circ.*, 1912, vol. cxlv, p. 402.)

Eczema, Treatment of the Various Types and Stages of. J. N. Meachen. (*Practitioner*, May, 1912, p. 715.)

Electrolytic Epilation. W. Dubreuilh. (*La Presse Médicale*, 1912, No. 77, p. 775.)

Elephantiasis of the Legs by Lymphangioplasty, On the Treatment of. F. C. Maddey, Aly Ibrahim and A. R. Ferguson. (*Brit. Med. Journ.*, November, 2nd 1912, p. 1212.)

Fibrolysin as Scar-Tissue, The Action of. Sidorenko. (*Deutsch. Zeitschr. f. Chir.*, 1912, Bd. cxviii, p. 549.)

Gonorrhœa, Abortive Treatment of, especially as regards the Posterior Urethra. Cronquist. (*Archiv f. Derm. u. Syph.*, 1912, cxiv, p. 419.)

High-Frequency Desiccation, Fulguration and Thermo-radiotherapeutics. W. L. Clark. (*Journ. Amer. Med. Assoc.*, 1912, vol. lix, p. 916.)

Human Serum, Experiences in the Treatment of Skin-Diseases with. Henck. (*Münch. med. Wochenschr.*, vol. lix, Heft 48, p. 2608.)

Hypersensitiveness of the Skin to X-Rays and Carbon-Dioxide Snow. Bogrow and Grintschen. (*Derm. Wochenschr.*, 1912, Bd. lv, No. 37.)

Hypertrichosis, Critical Study of the Treatments of. J. Beloc. (*Arch. d'électricité Médicale*, August 25th, 1912, xx, p. 177.)

Hypertrichosis, X-Ray Treatment of. A. Savill. (*Lancet*, 1912, vol. ii, p. 513.)

Ionic Medication, Some Experiments with. N. S. Finzi. (*Brit. Med. Journ.*, 1912, vol. ii, p. 1180.)

Liquid Air, Clinical Results of. I. J. K. Jolden. (*Amer. Journ. Derm.*, 1912, vol. xvi, p. 514.)

Local Bacteriotherapy of the Skin. Peyré. (*Derm. Wochenschr.*, 1912, Bd. lv, No. 35.)

Lupus Vulgaris, Radium in. Madame Fabre. (*Arch. d'électricité Médicale*, January 25th, 1912.)

Lupus Vulgaris, Treatment of, by the Salvarsan-Tuberculin Method (Herscheimer-Altmann). BERNHARDT. (*Archiv f. Derm. u. Syph.*, 1912, cxiv, p. 401.)

Nævi, Treatment of. J. L. BUNCH. (*Brit. Med. Journ.*, August 10th, p. 296.)

Oriental Sore with Salvarsan, Treatment of. PETERSEN. (*Münch. med. Wochenschr.*, vol. lix, Heft 46, p. 2491.)

Pemphigus, Treatment of, with Quinine Infusions. LESZCZYŃSKI. (*Archiv f. Derm. u. Syph.*, 1912, cxiv, p. 129.)

Pfannenstill's Method in Non-tuberculous Cases, Experiments on the Treatment of Wounds and Ulcers by. REUTERS KIOLD. (*Arch. f. klin. Chirurgie*, 1912, Bd. xcviii, p. 797.)

Psoriasis, The Treatment of. BROCQ and SIMON. (*Med. Press and Circ.*, 1912, vol. cxlv, p. 486.)

Radiant Heat and Boiling Water in the Treatment of Chronic Eczema. TOTH. (*Berlin. klin. Wochenschr.*, 1912, H. 41, p. 1934.)

Röntgen Rays to the Management of Malignant Growths, Practical Application of the. C. E. SKINNER. (*Journ. Amer. Med. Assoc.*, 1912, vol. lix, p. 844.)

Röntgen Treatment of Non-malignant Lesions. R. H. BOGGS. (*Journ. Amer. Med. Assoc.*, 1912, vol. lix, p. 1170.)

Single-dose X-ray Method, The. G. M. MCKEE and J. REMER. (*Journ. of Cut. Dis.*, 1912, vol. xxx, p. 528.)

Sulphur Lotions, An Inquiry into the Efficiency of. O. H. FOERSTER. (*Journ. of Cut. Dis.*, 1912, vol. xxx, p. 665.)

Tattoo Marks, Researches on the Removal of. PELLER. (*Derm. Zeitschr.*, 1912, Bd. xix, p. 900.)

Thorium X, Cure of a Case of Sarcomatosis of the Skin with. HERXHEIMER. (*Münch. med. Wochenschr.*, vol. lix, Heft 47, p. 2563.)

Thorium X in Dermatology, Preliminary Communication on the Use of. WAGNER. (*Derm. Zeitschr.*, 1912, Bd. xix, p. 988

Trichloracetic Acid as a Keratolytic in Seborrhœic Keratosis. D. W. MONTGOMERY and G. D. CULVER. (*Journ. of Cut. Dis.*, 1912, vol. xxv, p. 523.)

Vaccine Treatment of Acne and Allied Conditions, The. T. GALBRAITH. (*Practitioner*, No. 531, September, 1912, p. 370.)

Vaccine Treatment of Seborrhœa, Further Notes on the. AGNES SAVILL (*Practitioner*, No. 531, September, 1912, p. 388.)

Vaccines, Observations on 300 Cases Treated with Autogenous Bacterial. H. A. CRAIG. (*Med. Record*, 1912, vol. lxxxii, p. 465.)

Vaccine Therapy. J. EYRE. (*Brit. Med. Journ.*, 1912, vol. ii, p. 1289.)

Vacuum Electrode in Neuro-dermatoses. J. GOODWIN TOMKINSON. (*Brit. Med. Journ.*, August 10th, p. 302.)

SYPHILIS.

Chancre, Endo-urethral. E. H. MARSH. (*New York Med. Journ.*, 1912, vol. xcvi, p. 480.)

Chancre of Tonsil. N. L. WILSON. (*Laryngoscope*, 1912, vol. xxii, p. 1110.)

Complement Fixation in Syphilis with Spirochæta Culture Antigens, A Study of. C. F. CRAIG and H. J. NICHOLS. (*Journ. exper. Med.*, 1912, vol. xvi, p. 336.)

Cutaneous Reaction of Syphilis. J. M. Wolfsohn. (*Bull. Johns Hopkins' Hosp.*, vol. xxiii, p. 223; *Amer. Journ. Derm.*, 1912, vol. xvi, p. 336.)

Elimination of "606" by the Human Milk, On the. Dario Caffarena. (*La Pediatria*, April, 1912.)

Fever in Tertiary Syphilis. Bjalhör. (*Wien. klin. Wochenschr.*, 1912, Heft 40, p. 1490.)

Glossitis, Local Application of Salvarsan in Chronic Superficial. A. Allport. (*Brit. Med. Journ.*, August 17th, p. 349.)

Leucoderma Syphiliticum, Concerning the Origin of. Géber. (*Archiv f. Derm. u. Syph.*, 1912, cxvi, p. 325.)

Lumbar Puncture in Syphilis, The Importance of. Marcus. (*Archiv f. Derm. u. Syph.*, 1912, cxvi, p. 341.)

Mercurial Administration. Some Uncommon Methods in the Treatment of Syphilis. Douglas Freshwater. (*Lancet*, August 10th, p. 360.)

Mercurial Colitis and Stomatitis, Further Researches on the Pathogenesis of Almkvist. (*Derm. Zeitschr.*, 1912, Bd. xix, p. 949.)

Mercurial Emulsions in the Treatment of Syphilis, The Technique of the Use of Highly Concentrated. Zieler. (*Deutsch. med. Wochenschr.*, vol. xxxviii, No. 47, p. 2211.)

Mercurial Injections in Syphilis, Observations on Dosage of. Cronquist. (*Archiv f. Derm. u. Syph.*, 1912, cxiv, p. 359.)

Neo-salvarsan. J. McIntosh, P. Fildes and H. B. Parkes. (*Lancet*, July 13th, 1912.)

Neo-salvarsan, Researches with. Jordan. (*Derm. Zeitschr.*, 1912, Bd. xix, p. 992.)

Notified? Should Venereal Diseases be. Stanley Melville. (*Practitioner*, July, 1912, p. 112.)

Prostitution, Control of. F. Bierhoff. (*New York Med. Journ.*, 1912, vol. xcvi, pp. 560, 627.)

Rashes following Salvarsan, On. Braun. (*Derm. Zeitschr.*, 1912, Bd. xix, p. 800.)

Recent Advances in Syphilis and Gonorrhœa, Some. J. Swift Joly. (*Practitioner*, September, 1912, p. 75.)

Salvarsan. W. B. Marple. (*Ophthalmoscope*, 1912, vol. x, p. 628.)

Salvarsan and Neo-salvarsan in Affections of the Eye. A. M. Ramsay. (*Ophthalmoscope*, 1912, vol. x, p. 624.)

Salvarsan and Neo-salvarsan in the Treatment of Syphilis. T. W. Gibbard, L. W. Harrison, and A. S. Cane. (*Journ. R.A.M.C.*, 1912, vol. xix, p. 291.)

Salvarsan and Neo-salvarsan, Treatment of Syphilis with. Lt.-Col. T. W. Gibbard and Major Harrison. (*Brit. Med. Journ.*, October 12th, 1912. p. 953.)

Salvarsan-Calomel Treatment of Syphilis. W. F. Boos. (*Boston Med. and Surg. Journ.*, 1912, vol. clxvii, p. 389.)

Salvarsan, Effect of, on the Ear. C. E. Perkins. (*Laryngoscope*, 1912, vol. xxii, p. 1089.)

Salvarsan, Employment of, in Young Children. L. E. La Fetra. (*Archiv. of Pediatrics*. 1912, vol. xxix, p. 654.)

Salvarsan, Experimental Researches on the Local and General Alterations after the Use of. TOMMASI. (*Giorn. Ital. d. Mal. Ven. e della Pelle*, 1912, vol. liii, p. 2125.)

Salvarsan in Diseases of the Eye. S. H. BROWNING. (*Ophthalmoscope*, 1912, vol. x, p. 629.)

Salvarsan in Diseases of the Eye. S. STEPHENSON. (*Brit. Med. Journ.*, 1912, vol. ii, p. 1036.)

Salvarsan in Lesions of the Nose and Throat. C. R. C. BORDEN. (*Journ. Amer. Med. Assoc.*, 1912, vol. lix, p. 1138.)

Salvarsan in Syphilis, Administration of. J. A. FORDYCE. (*Journ. Amer. Med. Assoc.*, 1912, vol. lix, p. 1231.)

Salvarsan in Syphilis of the Nose and Throat. F. C. COBB and A. PORT. (*Laryngoscope*, 1912, vol. xxii, p. 1084.)

Salvarsan on the Kidneys when Intra-venously Injected, On the Influence of. SCHLASBERG. (*Derm. Zeitschr.*, 1912, Bd. xix, p. 867.)

Salvarsan, On the Toxicologic and Therapeutic Influence of, etc. J. IGERSHEIMER. (*Ophthalmoscope*, 1912, vol. x, p. 631.)

Salvarsan, Otitic Indication and Contra-indications for. O. BECK. (*Laryngoscope*, 1912, vol. xxii, p. 1077.)

Salvarsan, Present Status of. A. PORT. (*Boston Med. and Surg. Journ.*, 1912, vol. clxvii, p. 320.)

Salvarsan, Syphilis of the Upper Respiratory Tract treated with. F. W. WHITE. (*Laryngoscope*, 1912, vol. xxii, p. 1096.)

Salvarsan Therapy. H. H. MORTON. (*New York Med. Journ.*, 1912, vol. xcvi, p. 425.)

Salvarsan, Treatment of Syphilis by. P. E. TRESIDDER and STANLEY TRESIDDER. (*Practitioner*, July, 1912, p. 93.)

"606" and Psoriasis. SERANC. (*Rev. Clin. de Madrid*, 1911, p. 212.)

Sera, Observations Concerning Syphilitic. CHARLES RUSS. (*Lancet*, August 3rd, p. 294.)

Spirochæta Pallida, Cultivation of. LEVADITI and DANIELESCO. (*Comptes rendus de la Soc. de Biol.*, July 27th, 1912.

Spirochæta Pallida, Culture and Experimental Behaviour of. SOWADE. (*Archiv f. Derm. u. Syph.*, 1912, cxiv, p, 247.)

Spirochæta Pallida in Culture, Identification of. H. NOGUCHI. (*Journ. Amer. Med. Assoc.*, 1912, vol. lix, p. 1236.)

Spirochæta, Pure Culture of *S. phagedenis* (New Species). H. NOGUCHI. (*Journ. Exper. Med.*, 1912, vol. xvi, p. 261.)

Syphilis. D. SOMMERVILLE. (*Med. Press and Circ.*, 1912, vol. cxlv, p. 326.)

Syphilis, André Thevet on the Identity of Yaws and Syphilis, 1558. C. SINGER. (*Annals Tropical Med. and Parasit.*, 1912, vol. vi, p. 379.)

Syphilis, Observations on the History of, etc. H. MORRIS. (*Lancet*, 1912, vol. ii, p. 497.)

Syphilitics, On the Clinical Recognition of. W. W. GRAVES. (*Med. Record*, 1912, vol. lxxxii, p. 323.)

Syphilis, On the Treatment of. D'ARCY POWER. (*Brit. Med. Journ.*, June 22nd, 1912, p. 1418.)

Syphilis, Rational Method of Treating. J. E. R. McDonagh. (*Brit. Med. Journ.*, August 10th, p. 299.)

Syphilis, The Treatment of. Prof. Gaucher. (*Med. Press and Circ.*, 1912, vol. cxlv, p. 208.)

Syphilis, Treatment of. J. McNamara. (*Brit. Med. Journ.*, August 10th, p. 310.)

Venereal Ulcers, Note on a Bacillus Occurring in some Intractable. C. H. H. Harold. (*Journ. R.A.M.C.*, 1912, vol. xix, p. 269.)

Voluntarily Contracted Syphilis, On. L. Jullien. (*Archiv f. Derm. u. Syph.*, 1912, Bd. cxiii, p. 505.)

Wassermann Reaction and Salvarsan in Disease of Special Sense-Organs, The. E. R. Carpenter. (*Laryngoscope*, 1912, vol. xxii, p. 1104.)

Wassermann Reaction in Syphilis more Sensitive, Researches on making the. Henz. (*Derm. Zeitschr.*, 1912, Bd. xix, p. 769.)

Wassermann's Reaction, Notifications of. C. Birt. (*Journ. R.A.M.C.*, 1912, vol. xix, p. 281.)

Wassermann Reaction, The Action of Salvarsan and Neo-Salvarsan on the. J. E. R. McDonagh. (*Brit. Med. Journ.*, June 8th, p. 1287.)

Wassermann Test, The. D. M. Kaplan. (*New York Med. Journ.*, 1912, vol. xcvi, p. 473.)

Yohimbin, On a Previously Unknown Objection to the use of. Hübner. (*Derm. Zeitschr.*, 1912, Bd. xix, p. 863.)

GENERAL.

Barber's Shop as a Source of Contagion, The. G. J. Jackson. (*Journ. of Cut. Dis.*, 1912, vol. xxx, p. 653.)

Blenorrhagic Icterus or Icterus in a Gonorrhœic. Boularan. (*Ann. de Derm. et de Syph.*, August–September, 1912, iii, p. 496.)

Chronic and Recurrent Maladies of the Skin in Relation to Heart Disease. David Walsh. (*Brit. Med. Journ.*, August 10th, 1912, p. 314.)

Diseases of the Skin in Relation to Hepatic and Renal Disorders. L. D. Bulkley. (*Journ. of Cut. Dis.*, 1912, vol. xxx, p. 670.)

Physics and Bio-chemistry in Relation to Dermatology. Prof. W. G. Smith. (*Brit. Med. Journ.*, August 10th, p. 283.)

Pruritus and other Itching Diseases of the Skin. J. L. Bunch. (*Practitioner*, No. 531, September, 1912, p. 357.)

INDEX OF CONTENTS.

Acanthosis nigricans, a case of (abstr.), 339
Achorion Quinckeanum, a culture of (Sequeira), 31
Acne agminata, a case of (Williams) 32, (McCormac) 422
Acne and seborrhœa, their causation and treatment (Whitfield and Sabouraud), 332
Acne decalvans (Morris and Dore), 120
— micrococcus with unusual characteristics (abstr.), 340
— neurotica (Adamson), 415
— scrofulosorum with episcleral tubercle (Adamson), 315
— treatment of, with stock and autogenous acne bacillus vaccine (abstr.), 337
Acrodermatitis perstans and dermatitis repens (abstr.), 287
Actinomycosis, primary, of the skin (abstr.), 320
Adenoma, sebaceous, a case of (McDonagh), 302
Albinism, partial, a case of (Savatard), 320
Alopecia areata et totalis, a case of (Meachen and Provis), 272
— — following tropho-neurotic separation of nails (Weber), 204
— — illustrating Jacquet's theory (abstr.), 374
— — reflex irritation as a cause of (Jones), 362
— — sequel to (Sequeira), 427
— cases of inherited (Haldin Davis), 398
— universalis, two cases of (Little), 118
— — with dystrophy of nails, a case of (Sequeira), 122
Angioma (Hutchinson's), a case of infective (Sequeira) 203, 355, (Morris) 424
Arsenical cancer (abstr.), 339
Arsenicismus with reticular melanodermia (abstr.), 33
Artefact dermatitis (Dore), 416
Artificial skin eruption, chronic (Parkes Weber), 78

Biskra button, two cases of (abstr.), 164
Blastomycosis, a fatal case of (abstr.), 237
British Medical Association (Dermatological Section), annual meeting, 331
Bromide eruption, a case of (Meachen), 198
Bullous diseases (abstr.), 167
— eruptions (abstr.), 338

Cancer, arsenical (abstr.), 339
Carcinoma on Lupus erythematosus (abstr.), 375
— sebaceous, notes of cases of (Savatard), 334
Carcinomatosis, secondary, associated with abnormal condition of the nails of the hands (Fearnsides), 145
Cervical rib, double, associated with vascular phenomena (Sequeira and Fearnsides), 152
Chancre of the lower lip, a case of (Dore), 398
— primary, on the chin, a case of (Wild), 283
Chilblains, a case of persistent (MacLeod), 197
Consumption, National Association for the Prevention of, 33
Correspondence (Pernet), 34

Cysts, multiple sebaceous, on the scalp (Savatard), 320

Dermatitis exfoliativa, a case of (Wild), 319
— — neonatorum and pemphigus (abstr.), 369
— herpetiformis, a case of (Morris) 148, (Bunch) 311, (Gray) 420
— — and scabies, a case of (Wild), 319
— — two cases of (Brooke and Savatard), 284
— nodularis necrotica (abstr.), 235
— pustulosa vegetans recurrens (abstr.), 372
— repens and Acrodermatitis perstans (abstr.), 28
— seborrhoica (Stopford Taylor), 333
— sulphur, histology of (abstr.), 409
Dermatological Congress (Rome), Report of Seventh International (MacLeod) 32, 185
— Literature, Quarterly Survey, 124, 238, 344
— Society (Manchester), 80, 157
Dermatology, diagnostic value of the Noguchi Luetin reaction in (abstr.), 372
— Röntgen-ray therapeutics in (abstr.), 336
— some physico-therapeutic methods in (Morris), 169
Dermatomycoses, experimental and clinical studies in (abstr.), 446
Dermatoses, toxic (abstr.), 338
— — the influence of anaphylaxis in (abstr.), 338
Diabetes, report of a case of bronzed (abstr.), 205
Diagnosis, a case for (Little), 23, 71, 119, 399
— — (MacLeod), 72
— — (Meachen), 74
— — (Sequeira), 75, 150, 203
— — (Wild), 80
— — (Williams), 122
— — (Savatard), 158
— — (Fox), 195
— — (Whitfield), 204, 314
— — (Adamson), 219
— — (Dore), 222
— — (Morris), 228
Diagnosis, a case for (Gray), 315
— — (Williams), 427
— two cases for (Brooke and Savatard), 285
Diarrhœa; telangiectases in children in association with wasting and protracted (Fearnsides), 35
Dyskeratoses, a contribution to our knowledge of the (abst.), 167

Elephantiasis and paratuberculosis (abstr.), 322
— syphilitic, of the scrotum, a case of (McDonagh), 24
Eosinophilia in scabies (abstr.), 237, 322
Epithelioma, calcareous, of the skin (abst.), 33
— case of (Little), 421
— case of rapidly growing (Savatard), 81
— — multiple benign cystic (Dore), 190
— of the upper lip in a pure negro (abst.), 288
Epitheliomata, multiple, a case of (Savatard), 157
Epitheliomatosis, a case of solar (Sequeira), 280
Eruption, case of an irritable (Gray), 315
— summer, two cases of (Haldin Davis), 317
Erythema ab igne (abstr.), 373
— multiforme, a case of (Little), 270, 420
— — debate on (Adamson, etc.), 429
— nodosum associated with mammary tuberculosis (Weber), 233
— — syphiliticum (abstr.), 237
Eucerin as an ointment basis, on the practical use of (Unna), 123
Eyelids, pathology of skin from (McDonagh), 291

Favus, mouse (Sequeira), 31
Ferrous iodide eruption, a case of (Goodall), 225
— — — (Morris), 228
Fibromata, a case of (Morris), 198
Fibro-sarcoma on lupus, notes of cases of (Savatard), 234

Folliculitis and perifolliculitis ulcerans serpiginosa (abstr.), 410
— of the scalp, an unusual case o cicatrising (Morris and Dore), 120

Goulstonian lectures, 159
Granuloma annulare, a case of recurrent (Little), 22
— pyogenic, a case of (Brooke and Savatard), 284
Granulomata, a case of trichophytic (Sequeira), 207

Hansen, Dr. (Bergen), death of, 115
Heart disease, chronic diseases of the skin in relation to (Walsh), 334, 403
Hebra's prurigo, a case of (Colcott Fox), 147
— — the relationship of, to tuberculosis (abstr.), 374
Hemangiomas, multiple subcutaneous, with lipomas (abstr.), 408
Hydroa-vacciniforme vel æstival, a case of (Dore), 221

Ichthyosis, a case of (Williams) 233
— — (Morris and Dore) 274, 312
— — generalised (Bunch), 220
International Congress of Medicine (1913), 367
— — of Dermatology and Syphilography (Rome), 1912, 32
Iodide, ferrous, eruption, a case of (Goodall) 225, (Morris) 228
— potassium eruption, a case of (Gray), 269

Keloids, specimens of two (MacLeod), 316
Keratosis, seborrhœic, trichloracetic acid as keratolytic in (abstr.), 372

Leprosy, ætiology of (letter) (Pernet), 44
— bacillus, cultivation of (abstr.), 164
— cultivation of acid-fast and acid-resisting germs from human (abstr.), 165
— in British Guiana (abstr.), 82
— maculo-anæsthetic, a case of (MacLeod), 229
Leprosy, on the transmission of (abstr.), 337
— study of the organisms cultivated from human, and their ætiological significance (abstr.), 371
— Wassermann reaction in syphilis, yaws and (abstr.), 160
Leucodermia syphilitica with central atrophy, a case of (McDonagh), 120
Lichen annularis (Little), 22
— planus, a case of (Lancashire), 287
— — annularis, a case of (Sequeira), 80, 159
— — bullosus, a case of (Lancashire), 80, 159
— — of the palms (Sequeira), 403
— simplex (Dore), 419
— variegatus, a case of (Fox), 21
Lichenification, a case of circumscribed (Dore), 267
— prurigo and allied conditions, discussion on (Morris and Pringle), 245
Lipomas, multiple, with hæmangiomas (abstr.), 408
Lupus, cases of fibro-sarcoma on (Savatard), 334
— erythematosus, a case of (Savatard), 158
— — — (MacLeod), 196
— — — (Bunch), 219
— — — (Wild), 80, 157, 284
— — ætiology of (Freshwater), 57, 99
— — — with especial reference to tuberculosis (abstr.), 289
— — carcinoma on (abstr.), 375
— — superficial late syphilide of face and scalp, simulating (MacLeod), 196
— — treatment of, by Röntgen rays (abstr.), 374
— — value of Much's granules and the antiformin method in determining the ætiology of (Friedlander), 13
— follicularis disseminatus (abstr.), 206
— vulgaris, a case of (Savatard), 81
— — and scrofulodermia treated by the Pfannenstill method (Sequeira), 231
— — multiple, following measles (MacLeod), 400

Lupus vulgaris in a syphilitic subject (Sequeira), 28
Lymphangiomata of the scrotum (Madden), 334

Manchester Dermatological Society, 80, 157, 283, 319
Marsupial rudimentary pouch in man (Ward), 366
Melanodermia, reticular, with arsenicismus (abstr.), 33
Mercurial poisoning, a case of (abstr.), 235
— preparations, the intra-venous treatment of syphilis with (abstr.), 335
Mole, case of extensive pigmented hairy (Dore), 194
Molluscum contagiosum, a case of (Wild) 80, (Brooke and Savatard), 285
Monolithrix, a case of (Savatard), 319
Morphœa guttate, a case of (Williams), 123
Mouse favus, culture of (Sequeira), 31
Mycosis fungoides d'emblee, a case of (Pernet), 318
Myoma cutis, a case of single (abstr.), 375

Nævi, on the treatment of (Bunch), 333
Nævo-carcinoma, melanotic of the scalp (Lilley), 411
Nævo-xantho-endotheliomata, a contribution to our knowledge of the (McDonagh), 85
Nævus, a case of (Morris and Dore), 27
— — developing systematised (Whitfield), 282
— — extensive (Sequeira), 76
— — linear (Dore), 118
— — peculiar (Williams), 32
— unius lateris of skin and mucous membrane, a case of (Sequeira), 313
Nails, dystrophy of, associated with Alopecia universalis (Sequeira) 122
— of the hands, abnormal condition of, associated with secondary carcinomatosis (Fearnsides), 145
Nails, ringworm of (Lancashire), 286
— systematic study of the morbid condition of the (Meachen), 334
— tropho - neurotic separation of, followed by Alopecia areata (Weber), 204
Necrosis of the terminal phalanges of the left hand (Sequeira), 401
Neuro-dermatitis, the vacuum electrode in (Tomkinson), 334
Neuro-fibromatosis, a case of cutaneous (Savatard), 158
Nevrodermite, a case of (Dore), 267
Noduli cutanei (abstr.), 166
Noguchi luetin reaction, experience with (abstr.), 373
— — — in dermatology, diagnostic value of (abstr.), 372

Œdema neonatorum, a case of (Little), 400
Oriental sore in Bagdad (abstr.), 166
Orient boil, two cases of (abstr.), 164

Paget's disease of the nipple, a case of (Haldin Davis), 397
Papilliform lesions of the scrotum, a case of (Madden), 334
Papulo-necrotic eruption, a case of persistent (Adamson), 217, 315
Paratuberculosis and elephantiasis (abstr.), 322
Pellagra (abstr.), 496
Pemphigus, on (abstr.), 236
— foliaceus and Dermatitis exfoliativa neonatorum, a comparison of (abstr.), 369
— intravenous quinine injections in (abstr.), 447
Pfannenstill method of treatment in a case of Lupus vulgaris and scrofulodermia (Sequeira), 231
Physico-therapeutic methods in dermatology (Morris), 169
Piedra, culture of fungus from hairs affected with (MacLeod), 23
Pigmentation for diagnosis, a case of (Haldin Davis), 116
— macular (Freeman), 419
— multiple, a case of (abstr.), 323

Pityriasis lichenoides chronica, a case of (Fox), 21
— rubra pilaris, two cases of (Sequeira), 278
Plasma-cells, on some transformation forms of (abstr.), 34
Pseudo-leucodermia or partial albinism, a case of (Savatard), 320
Pseudo-pellade, a case of (Fox), 223
Psoriasis, rodent ulcer in (Gray), 325
Prurigo, Hebra's, a case of (Colcott Fox), 147
— — the relationship of, to tuberculosis (abstr.), 374
— lichenification and allied conditions, discussion on (Morris and Pringle), 245

Quarterly Survey of Dermatological Literature, 124, 238, 344

Radcliffe-Crocker Memorial, 367
Raynaud's disease associated with calcareous degeneration, a case of (Haldin Davis), 142
— — associated with sclerodactyly, a case of (Wild), 157
— — case of double cervical ribs, associated with vascular phenomena suggesting (Fearnsides and Sequeira), 152
Recklinghausen's disease (Savatard), 158
Reviews:
Contribuiçao as Estudo Da Bouba (O. Da Silva Aranjo), 84
Dermatologische Wochenschrift, 168
Diseases of the Skin of the Eruptive Fevers (J. F. Schamberg), 323
Les Sporotrichoses (De Beurmann and Gougerot), 379
Medical Annual, The, 206
Merck's Annual Report, 84
Skin-Diseases, a text-book of (Morris), 83
Syphilis, post-conceptionelle et l'heredite syphilique (J. Bobrie), 342
The Care of the Skin and Hair (W. Allen Pusey), 324
The New Physiology in Surgical and General Practice (A. Rendle Short), 324
Reviews:
The Treatment of Diseases of the Skin (Knowsley Sibley), 380
Ringworm, a useful formula for the treatment of (Williams), 216
— microsporon in a kitten (Whitfield), 156
— of the nails (Lancashire), 286
— of the scalp (Pernet), 141
— — treatment of (abstr.), 341
— with granulomatous formation, a section from case of extensive (Sequeira), 31
Rodent ulcer affecting the retro-auricular sulcus, a case of (Sequeira), 173
— — occurring in a patch of psoriasis in the gluteal cleft (Gray), 325
— — on the back of a boy of twelve (Sequeira), 391
— — simulated by gummatous ulceration, treated with salvarsan (Parker), 327
Röntgen ray therapeutics in dermatology (abstr.), 336
— — treatment of Lupus erythematosus by (abstr.), 374
Royal Society of Medicine (Dermatological Section), 20, 70, 115, 142, 190, 217, 245, 267, 312, 393

Salvarsan, a study of the blood after venous injections of (abstr.), 368
— clinical observations on the use of, in syphilitic infants (abstr.), 376
— report of the Wassermann reaction on sixty-one cases of syphilis treated with (abstr.), 370
— — on the treatment of twenty-two cases of yaws by (abstr.), 373
— treatment in a case of gummatous ulceration simulating rodent ulcer (Parker), 327
— — of syphilis (abstr.), 162
Sarcoid, subcutaneous, of Darier and Roussy, three cases of (Adamson), 393
Sarcoma idiopathicum multiplex hæmorrhagicum (Kaposi), on the so-called (abstr.), 82
Sarcomatosis, a case of generalised (Whitfield), 281

Scabies and Dermatitis herpetiformis, a case of (Wild), 319
— eosinophilia in (abstr.), 237, 322
Scars, multiple, a case of (Evans), 268
Sclerodactylia with subcutaneous calcification, a case of (Scholefield and Weber), 200
Sclerodactyly associated with Raynaud's disease, a case of (Wild), 157
Scrofulodermia and Lupus vulgaris treated by the Pfannenstill method, a case of (Sequeira), 231
Sebaceous cysts on scalp, multiple (Savatard), 320
Seborrhœa and acne, their causation and treatment (Sabouraud) 332 (Whitfield), 332
Seborrhoic dermatitis (Stopford Taylor), 333
Skin, chronic and recurrent maladies of the, in relation to heart disease (Walsh), 334, 403
— contagious infections of, in preparatory schools and colleges (abstr.), 377
— influence of milk-fat on the (abstr.), 369
— pathology of the, from the eyelids and naso-facial grooves (McDonagh), 291
Spirochæta pallida, microscopical demonstration illustrating the life-cycle of the (McDonagh), 400
Sporotrichial septicæmia, a case of (abstr.), 234
Sporotrichoses, the present state of the question of (abstr.), 167
Sporotrichosis, on (De Beurmann), 333
Striæ cutis distenæ, a case of (Little), 70
Sulphur dermatitis, histology of (abstr.), 409
Syphilide, general small lichenoid, case of a (Shillitoe), 31
— in a woman (Brooke and Savatard), 286
— superficial late, simulating Lupus erythematosus, a case of (MacLeod), 196
Syphilis, a case of (Shillitoe), 31
Syphilis, a rational method of treating (McDonagh), 333
— contribution to the question of tattooing and (abstr.), 236
— de la reaction de Wassermann apliquée au traitement de la (abstr.), 288
— hereditary, mortality and morbidity in (abstr.), 377
— in a child, case of acquired (Dore), 268
— intra-venous treatment of, with mercurial preparations (abstr.), 335
— life-cycle of the organism of (McDonagh), 381
— malignant (abstr.), 447
— on the salvarsan treatment of (abstr.), 162
— report of the Wassermann reaction on sixty-one cases of, treated with salvarsan (abstr.), 370
— serum diagnosis of (abstr.), 447
— the mottled chin in (abstr.), 236
— the paternal transmission of (abstr.), 375
— Wassermann reaction in leprosy, yaws and (abstr.), 160
Syphilitic children, the life-outlook of congenitally (abstr.), 377
— elephantiasis of the scrotum, a case of (McDonagh), 24
— infants, clinical observations on the use of salvarsan in (abstr.), 376
— leucodermia with central atrophy, a case of (McDonagh), 120
— œdema of the upper lip, a case of (Savatard), 159
— subject with Lupus vulgaris (Sequeira), 28
Syringoma, a case of (McDonagh), 228, 298

Tattooing and syphilis, contribution to the question of (abstr.), 236
Telangiectases in children, in association with wasting and protracted diarrhœa (Fearnsides), 35
Tinea barbæ (Bolam), 1
— tonsurans, a useful formula for the treatment of wide-spread (Williams), 216

Tinea tonsurans in a patient of about sixty (Pernet), 141
Toxic effects in the skin of disorders of digestion and metabolism (abstr.), 338
Trichloracetic acid as a keratolytic in seborrhœic keratosis (abstr.), 372
Trichophyton, die Dänischen, und ihre stellung in Sabouraud's system (abstr.), 162
Trichophytic granulomata, a case of (Sequeira), 207
Trichophyton plicatile, cultures of, from a case of trichophytic granuloma (Sabouraud and Sequeira), 76
— roseum (Bolam), 1
Trichosporosis nodosa (MacLeod), 131
Tubercle, episcleral, with Acne scrofulosorum, a case of (Adamson), 315
Tuberculide, a case of (Adamson), 219, 315
— — — (Dore), 223
— hypodermic, three cases of (Adamson), 393
— papulo-necrotic (Adamson), 217
Tuberculides, necrotic (Bunch), 357
— value of Much's granules and the antiformin method in determining the ætiology of the so-called (Friedlander), 13
Tuberculosis, mammary, associated with Erythema nodosum (Weber), 233
— relationship of Hebra's prurigo to (abstr.), 375
— verrucosa cutis, a case of (Savatard), 81

Ulcer, rodent, affecting the retro-auricular sulcus, a case of (Sequeira), 137
— — occurring in a patch of psoriasis in the gluteal cleft (Gray), 325
Urticaria perstans annulata et gyrata (Pringle), 275
— pigmentosa, a case of (Lancashire), 320

Vaccine therapy: the relationship of, to the treatment of certain diseases of the skin (abstr.), 289
Veronal poisoning (abstr.), 340
Voyages D'Études Médicales, 1912, 159

Warts, multiple, a case of (Savatard), 320
Wassermann, de la reaction de, apliquée au traitement de la syphilis (abstr.), 288
— reaction in syphilis, leprosy, and yaws (abstr.), 160
— — on sixty-one cases of syphilis treated with salvarsan (abstr.), 370
— tests, a *resumé* of one hundred (abstr.), 163

Xantho-endotheliomata, a contribution to our knowledge of the nævo- (McDonagh), 85
— erythrodermia perstans, a case of (Pernet), 149
Xanthoma, congenital, a case of (Bunch), 144
— multiplex, a case of (Oram), 335
— tuberosum multiplex (abstr.), 369
— — — a case of (MacLeod), 271
Xerodermia pigmentosa, a case of (Sequeira), 280

Yaws and syphilis (abstr.), 448
— report on the treatment of twenty-two cases of, by salvarsan (abstr.), 373.
— the Wassermann reaction in syphilis, leprosy, and (abstr.), 160

INDEX OF NAMES

OF EXHIBITORS OF CASES AND AUTHORS OF ORIGINAL ARTICLES.

Adamson, H. G., 217, 219, 315, 393, 415

Bolam, R. A., 1
Brooke, H. A. G., 284, 285, 286
Bunch, J. L., 144, 219, 220, 311, 333, 357

Castellani, A.,

Davis, Haldin, 116, 142, 317, 397, 398
De Beurmann, 333
Dore, S. E., 27, 118, 120, 190, 194, 221, 222, 223, 267, 268, 274, 398, 416

Evans, Willmott H., 268

Fearnsides, E. G., 35, 145, 152, 154
Fox, T. Colcott, 147
Fox, Wilfrid, 21, 195, 223
Freeman, 419
Freshwater, D., 57, 99
Friedlander, D., 13

Goodall, E. W., 225
Gray, A. M. H., 269, 315, 325, 420

Jones, H. Emlyn, 362

Lancashire, G. H., 80, 159, 286, 287, 320
Lilley, C., 411
Little, E. Graham, 22, 23, 70, 71, 118, 119, 270, 399, 400, 420

MacLeod, J. M. H., 23, 32, 72, 131, 185, 196, 197, 229, 271, 316, 400
MacCormack, 422
McDonagh, J. E. R., 24, 85, 120, 228, 291, 298, 302, 333, 381, 400
Madden, F. C., 334
Meachen, G. Norman, 74, 198, 272, 334
Morris, Malcolm A., 27, 83, 120, 148, 169, 198, 228, 245, 274

Oram, W. C., 335

Parker, H. B., 327
Pernet, G., 34, 141, 149, 318
Pringle, J. J., 245, 275
Provis, F. L., 272

Sabouraud, R., 332
Savatard, L., 81, 157, 158, 159, 284, 285, 286, 319, 320, 334
Scholefield, R. E., 200
Sequeira, J. H., 28, 31, 75, 76, 122, 137, 150, 151, 152, 154, 203, 207, 231, 278, 280, 313, 355, 391, 401, 403, 426
Shillitoe, A., 31

Taylor, G. Stopford, 333
Tomkinson, J. Goodwin, 334

Unna, Eugen, 123

Walsh, D., 334, 403
Ward, E., 366
Weber, F. Parkes, 78, 200, 204, 233
Whitfield, A., 156, 204, 281, 282, 314, 332
Wild, R. B., 80, 157, 283, 284, 319
Williams, A. Winkelried, 32, 122, 123, 216, 233, 427

THE BRITISH

JOURNAL OF DERMATOLOGY

J. H. SEQUEIRA, Editor

J. L. BUNCH, Assistant Editor

UNDER THE DIRECTION OF

H. G. ADAMSON
WALLACE BEATTY
S. E. DORE
T. COLCOTT FOX
WILFRID FOX
W. ALLAN JAMIESON
J. M. H. MACLEOD
SIR MALCOLM MORRIS
GEORGE PERNET
J. J. PRINGLE
LESLIE ROBERTS
ARTHUR WHITFIELD

VOL. XXIV.

JANUARY–DECEMBER, 1912

LONDON

H. K. LEWIS, 136 GOWER STREET, W.C.

1912

LONDON
H. K. LEWIS, 136, GOWER STREET, W.C.

Fellows' Syrup of Hypophosphites

NOTICE—CAUTION

The success of Fellows' Syrup of Hypophosphites has tempted many to offer imitations of it for sale.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, Physicians are earnestly requested when prescribing the Syrup to write

"Syr. Hypophos. FELLOWS".

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

Sulphaqua

For the production of NASCENT SULPHUR in the ordinary BATH in the treatment of ECZEMA, PSORIASIS, SCABIES, GOUT, RHEUMATISM, etc. Assists as a disinfectant during the peeling after SCARLET FEVER, and in allaying the irritation, and will be found most useful in all cases where SULPHUR BATHS are required.

Bath Charges in boxes of 1 dozen; Toilet Charges in boxes of 2 dozen.

Physicians are requested to write for Samples and Literature.

To be obtained of all Wholesale Houses, or direct from the Proprietors and Sole Manufacturers—

THE S. P. CHARGES CO., ST. HELENS LANCASHIRE.

Subscriptions for 1913 are now payable.

THE JOURNAL OF VACCINE THERAPY.

Edited by **W. D'ESTE EMERY**, M.D., B.Sc.Lond., Director of the Laboratories and Lecturer on Pathology, King's College Hospital; Lecturer on General Pathology, London School of Medicine for Women.

Annual Subscription, 10s. 6d. net. **Single Numbers, 1s. net each.**

VOLUME I, IN PARTS, JANUARY TO DECEMBER, 1912.

This was edited by Dr. R. W. ALLEN.

London: H. K. LEWIS, 136, Gower Street, W.C.

Entered at the New York Post Office as Second Class Matter.